# STATE OF WISCONSIN Before the Government Accountability Board

The Certified Complaint of
THE REPUBLICAN PARTY OF WISCONSIN
ANDREW DAVIS, Complainant

VERIFIED COMPLAINT

Against,

WILLIAM TUCKER, Respondent

This complaint is made under Chapters 5 and 8 of the Wisconsin Statutes and Chapter GAB 2 of the State of Wisconsin Administrative Code, and requests that the Government Accountability Board review the sufficiency of the nomination papers for the Respondent in light of the allegations contained herein.

#### I, Andrew Davis, allege that:

- 1. I am a resident of the State of Wisconsin and am a qualified elector. I reside at 2525 South Shore Drive, Milwaukee, Milwaukee County, Wisconsin, 53207.
- 2. William Tucker, who listed his address as 12520 MacAlister Way Apt. 204, New Berlin, WI 53153 has filed nomination papers with the Government Accountability Board for certification as an Independent candidate for the U.S. House of Representatives in the First Congressional District on the November 2, 2010 ballot.

#### I CHALLENGE TO RESPONDENTS NOMINATION PAPERS IN THEIR ENTIRETY

#### **Nomination Papers Missing Required Information**

- 3. Respondent filed his nomination papers with the Government Accountability Board on July 1, 2010. See Exhibit A.
- 4. GAB 2.05(1)states, "Each candidate for public office has the responsibility to assure that his or her nomination papers are prepared, circulated, signed, and filed in compliance with statutory and other legal requirements."
- 5. Respondent's nomination papers do not include, nor do they substantially include, the Respondent's name of municipality for voting purposes.
- 6. Respondent's nomination papers are misleading and not in substantial compliance with the rules promulgated by the Government Accountability Board. Complainant alleges,

therefore that Respondent's nomination papers are invalid and that Respondent is ineligible to be placed on the ballot.

#### II CHALLENGES TO INDIVIDUAL SIGNATURES

# A Signer Does Not Reside within the District

- 7. Complainant re-alleges and reincorporates herein paragraphs 1 through 6, above.
- 8. Section 8.15(3), Wis. Stats. states "all signers on each separate nomination paper...shall reside in the jurisdiction or district which the candidate named on the paper will represent, if elected."
- 9. Chapter 3.11 of the Wisconsin Statutes provides a description of the 1st Congressional District. A residence falling outside of the description listed in Chapter 3.11, is not within the boundaries of the 1st Congressional District. Exhibit TTT is a map demonstrating the boundaries of the 1st Congressional District.
- 10. Page 17, lines 2 and 3 of Respondent's nomination papers are signed by individuals who list their municipality of residence as 14107 Gatewood, New Berlin. A copy of page 17 of Respondent's nomination papers is attached hereto as Exhibit B. Exhibit C clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 11. Page 17, lines 6 and 7 of Respondent's nomination papers are signed by individuals who listed their municipality of residence as 43910 W Sun Valley, city of New Berlin. A copy of page 17 of Respondent's nomination papers is attached hereto as Exhibit B. Exhibit D clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 12. Page 18, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence 3281 S. 146th Street, City of New Berlin. A copy of page 18 of Respondent's nomination papers is attached hereto as Exhibit E. Exhibit F clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 13. Page 18, line 2 of Respondent's nomination papers is signed by an individual who listed his municipality of residence as 15000 W. Cleveland, N.B. A copy of page 20 of Respondent's nomination papers is attached hereto as Exhibit E. Exhibit G clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 14. Page 18, line 3 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3601 S. Moreland, New Berlin. A copy of page 18

- of Respondent's nomination papers is attached hereto as Exhibit E. Exhibit H clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 15. Page 18, line 5 of Respondent's nomination papers is signed by an individual who listed her municipality of residence as 2955 S. Amor Dr., New Berlin. A copy of page 18 of Respondent's nomination papers is attached hereto as Exhibit E. Exhibit I clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 18, line 9 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3920 S. Camrose Ave., New Berlin. A copy of page 18 of Respondent's nomination papers is attached hereto as Exhibit E. Exhibit J clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 17. Page 22, line 3 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 17087 W. National, New Berlin. A copy of page 22 of Respondent's nomination papers is attached hereto as Exhibit K. Exhibit L clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 22, lines 4 and 5 of Respondent's nomination papers are signed by individuals who listed their municipality of residence as 13401 W North Lane, New Berlin. A copy of page 22 of Respondent's nomination papers is attached hereto as Exhibit K. Exhibit M clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 19. Page 22, lines 8 and 9 of Respondent's nomination papers are signed by individuals who listed their municipality of residence as 15340 W. Cleveland Ave., New Berlin. A copy of page 22 of Respondent's nomination papers is attached hereto as Exhibit K. Exhibit N clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 20. Page 24, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 17480 W. Cleveland, City of New Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit P clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 21. Page 24, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4550 S. Caldwell Dr., New Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit Q clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).

- Page 24, line 3 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4525 S.; Hearth Ridge Dr., City of New Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit R clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 24, lines 6 and 7 of Respondent's nomination papers are signed by individuals who listed their municipality of residence as 13800 W. Park Central Blvd. Apt. 404, City of New Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit S clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 24. Page 24, line 8 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4460 Camrose Ave., N. Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit T clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 25. Page 24, line 9 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 16100 W. Armour Ave.,, City of N. Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit U clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 26. Page 24, line 10 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4560 S. Camrose, City of N. Berlin. A copy of page 24 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit V clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 27. Page 25, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 1467 S. Carriage Lane, New Berlin. A copy of page 25 of Respondent's nomination papers is attached hereto as Exhibit W. Exhibit X clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 25, line 3 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3245 S. Pinewood Creek Ct. #107, New Berlin. A copy of page 25 of Respondent's nomination papers is attached hereto as Exhibit W. Exhibit Y clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 29. Page 27, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4585 S. Sommerset Dr., New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit AA

- clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 30. Page 27, line 4 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3245 S. Manor Dr., City of New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit BB clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 27, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 16322 W. Hansen Dr., City of New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit CC clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 27, line 6 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 18665 W. Coffee, New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit DD clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 27, line 8 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 5040 Rolling Meadow, New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit EE clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 34. Page 27, line 9 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3600 S. 159th Street, City of New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit FF clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 27, line 10 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 16632 W. Crescent Dr., City of New Berlin. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. Exhibit GG clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 37. Page 28, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 46925 Forest Point, City of New Berlin. A copy of page 28 of Respondent's nomination papers is attached hereto as Exhibit HH. Exhibit II clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).

- Page 28, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 16430 Melody Dr., City of New Berlin. A copy of page 28 of Respondent's nomination papers is attached hereto as Exhibit HH. Exhibit JJ clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 28, lines 4 and 5 of Respondent's nomination papers are signed individuals who listed their municipality of residence as 15174 W. Arrowhead, City of New Berlin. A copy of page 28 of Respondent's nomination papers is attached hereto as Exhibit HH. Exhibit KK clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 40. Page 28, line 7 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 15950 W. Heatherly Dr., City of New Berlin. A copy of page 28 of Respondent's nomination papers is attached hereto as Exhibit HH. Exhibit LL clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 41. Page 28, line 9 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14935 W. Signet Lane, City of New Berlin. A copy of page 28 of Respondent's nomination papers is attached hereto as Exhibit HH. Exhibit MM clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 42. Page 28, line 10 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4505 Rachel Ln., City of New Berlin. A copy of page 28 of Respondent's nomination papers is attached hereto as Exhibit HH. Exhibit NN clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 43. Page 30, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 13505 W. Green Meadow, City of New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit PP clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 44. Page 30, line 3 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 1250 W Graham, City of New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit QQ clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 45. Page 30, line 4 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 13556 W. Fountain Dr., City of New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit

- RR clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 46. Page 30, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14764 W Hiddencreek, City of New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit SS clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 47. Page 30, line 6 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3110 S. Fountain Ct., New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit TT clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 48. Page 30, line 7 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3200 S. Stonegate Cir., New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit UU clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 49. Page 30, line 8 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14933 Arrowhead Ln, New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit VV clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 30, line 9 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 1650 S. 80th Street, City of West Allis. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit WW clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 30, line 10 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14300 W. Howard, City of New Berlin. A copy of page 30 of Respondent's nomination papers is attached hereto as Exhibit OO. Exhibit XX clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 33, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 13243 W. Foxwood Dr., City of New Berlin. A copy of page 33 of Respondent's nomination papers is attached hereto as Exhibit YY. Exhibit ZZ clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).

- Page 33, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14245 W. Crimson, City of New Berlin. A copy of page 33 of Respondent's nomination papers is attached hereto as Exhibit YY. Exhibit AAA clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 33, line 3 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 13984 W.Stratford, City of New Berlin. A copy of page 33 of Respondent's nomination papers is attached hereto as Exhibit YY. Exhibit BBB clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 33, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14190 W. Meadowshire Dr., City of New Berlin. A copy of page 33 of Respondent's nomination papers is attached hereto as Exhibit YY. Exhibit CCC clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 33, line 6 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14145 Crimson Ln., City of New Berlin. A copy of page 33 of Respondent's nomination papers is attached hereto as Exhibit YY. Exhibit DDD clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 33, line 7 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 4089 Wilshire Ct., City of New Berlin. A copy of page 33 of Respondent's nomination papers is attached hereto as Exhibit YY. Exhibit EEE clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 34, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3680 Joseph Rd., City of New Berlin. A copy of page 34 of Respondent's nomination papers is attached hereto as Exhibit FFF. Exhibit GGG clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 59. Page 34, line 4 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3555 S. Brentwood, New Berlin. A copy of page 34 of Respondent's nomination papers is attached hereto as Exhibit FFF. Exhibit HHH clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 60. Page 34, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 34265 Sunny Slope, City of New Berlin. A copy of page 34 of Respondent's nomination papers is attached hereto as Exhibit FFF. Exhibit III

- clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 34, lines 9 and 10 of Respondent's nomination papers are signed by individual who listed their municipality of residence as 12725 W. Weatherstone, New Berlin. A copy of page 34 of Respondent's nomination papers is attached hereto as Exhibit FFF. Exhibit JJJ clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- Page 51, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3623 S. 159th St., New Berlin. A copy of page 51 of Respondent's nomination papers is attached hereto as Exhibit KKK. Exhibit LLL clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 63. Page 51, line 8 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3585 S. Russell, New Berlin. A copy of page 51 of Respondent's nomination papers is attached hereto as Exhibit KKK. Exhibit MMM clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 64. Page 57, line 1 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 14515 W. Cleveland Ave., City of New Berlin. A copy of page 57 of Respondent's nomination papers is attached hereto as Exhibit NNN. Exhibit OOO clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 65. Page 57, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 12417 W. Honey Lane, City of New Berlin. A copy of page 57 of Respondent's nomination papers is attached hereto as Exhibit NNN. Exhibit PPP clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 66. Page 57, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3950 S. Elm Dr., City of New Berlin. A copy of page 57 of Respondent's nomination papers is attached hereto as Exhibit NNN. Exhibit QQQ clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 67. Page 57, line 7 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 3507 S. Moorland Rd., City of New Berlin. A copy of page 57 of Respondent's nomination papers is attached hereto as Exhibit NNN. Exhibit RRR clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).

- 68. Page 57, line 9 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 13635 West Fountain Dr., City of New Berlin, A copy of page 57 of Respondent's nomination papers is attached hereto as Exhibit NNN. Exhibit SSS clearly demonstrates that the residence is located in the 5th Congressional District, not the 1st Congressional District, in contravention of section 8.15(3).
- 69. Therefore, under Section 8.15(3), Wis. Stats., the signatures referenced in paragraphs 38-47 herein are not valid and may not be counted by the Elections Board.

# Signer Does Not Have Valid Date

- 70. Complainant re-alleges and reincorporates herein paragraphs 1 through 69, above.
- 71. GAB 2.05(15)(b) States "an individual signature on a nomination paper may not be counted when any of the following occur...the signature is dated after the date of certification contained in the certificate of the circulator."
- 72. Page 27, line 3 of Respondent's nomination papers contains a signature that was dated as 6/17/10. A copy of page 27 of Respondent's nomination papers is attached hereto as Exhibit Z. The circled dates indicate that the elector's signature is dated after 6/12/10. which is the date that the circulator signed the paper.

WHEREFORE, Complainant prays that the Government Accountability Board review the sufficiency of Respondent's nomination papers and declare them to be invalid in whole or in part; and render such other relief that the Government Accountability Board may deem just and equitable.

day of July, 2006 at Madison, Wisconsin.

Andrew Davis

REPUBLICAN PARTY OF WISCONSIN

#### **CERTIFICATION**

I, Andrew Davis, being first duly sworn upon oath, state that I personally read the above complaint and that the above allegations are true and correct based on my personal knowledge and, as to those allegations stated on information and belief, I believe them to be true.

I have mailed a copy of this verified complaint to the Respondent.

Andrew Davis  State of Wisconsin ) ss County of Dane ) Sworn to before me this day of July 2010.  Notary Public or Person Authorized	Choren Daris
Sworn to before me this	Andrew Davis
Sworn to before me this	
Sworn to before me this	
Sworn to before me this	State of Wisconsin )
Sworn to before me this 16 th day of July 2010.  Notary Public or Person Authorized	) ss
Notary Public or Person Authorized	County of Dane )
Notary Public or Person Authorized	1/2 //
	Sworn to before me this <u>1010</u> day of July 2010.
	The life
	Notary Public or Person Authorized
to Administer Oaths	to Administer Oaths
My commission expires $2-5-12$	My commission expires 2-6-12
Or, is permanent.	• • • • • • • • • • • • • • • • • • • •

EXHIBIT A

# WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD NATHANIEL E ROBINSON, ELECTIONS DIVISION ADMINISTRATOR 212 EAST WASHINGTON AVE 3RD FLOOR PO BOX 7984 MADISON, WI 53707--798 (608) 261-2028

Candidate ID#: 200677

**BILL TUCKER** 

12520 MAC ALISTER WAY UNIT 204

NEW BERLIN, WI 53151

This is to acknowledge receipt for the nomination papers of BILL TUCKER

FOR THE OFFICE OF CONGRESSIONAL - DISTRICT 1

September Partisan Primary - Governor to be held September 14th, 2010

Party Affiliation: Independent

Nomination Papers filed July 1st, 2010

Declaration of Candidacy filed July 7th, 2010

Statement of Economic Interest filed (Not Filed) State Pot Required

Ephin . Licket

Number of Valid Signatures: 1042

This is number of valid signatures determined by the Government Accountability Board staff. This number is subject to challange within 3 business days following the deadline for filing nomination papers.

Verified By

Date: July 7th, 2010

GAB-152 (Rev. 5/2010)

Nomination Paper Receipt No.:

2010FALLPP-082

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	Nominati	ON PAPER FOR PAI	RTISAN.(	FFICE	· · · · · · · · · · · · · · · · · · ·
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> puiposes ☐ Town ☐ Village ☑ City			
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type of election	Election date  November 2, 2010	Name of Party or Statemer Principle (5 words or less)  Independent
itle of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
candidate represent listed above. I am any other candidat	request that the candidate; whose nanting the party or statement of principle ligible to vote in the jurisdiction or of for the same office at this election.	e indicated above, so that voters listrict in which the candidate na	will have the o med above see	pportunity to vote for bks office. I have not si	☐ him or ☐ her for the of gned the nomination pape
11	HE MUNICIPÁLITY USED FOR MAILING PU THE NAME OF TI	HE MUNICIPALITY OF RESIDENCE			SUFFICIENT.
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RE Indicate Town, Villag	
Politic	Smith 1	4205 W Elma	lood !	Town Utillage Naw B	den 6/11
2 Bub	FEAL	Z/107WGATE	10000	D Town D Village 10 EW 10 D City	BELTO 6/11/12
3 Kart	In Fell !	4107 W. Jall	wood	Trown Dee /	Beslin 6/4/1
Rand	Delder &	2908 MINSTST	حب ا	Town Utillage Mun A	Run 6/11/11
5.	Stenhe "	gol in leteral		Town Village you ful City	u (4/16/1
	M. Cura it	6410 W SeaV C		Town Village Melot Polity Melot	US 6-11-1
7 <b>W</b>	Abwant #	3910109Sm/A	1/00 C	Town Village Vew Bo	uly 6/11/6
8.	my htm	13750 W l	lat /	Jown Adlage NB	6/0/1
9. End	In Beuer	4915W- ELK	and o	Town - New Village Berl	len 6/11/10
Patr	ria a' Smal	200 56.		Town Village W & Cily Dul	· 6/1/ Si
I, WILL	AM TO TUCKER	ERTIFICATION OF CIRCU (Name of circulator)	<del></del>	-	ortify:
or district the candida name. I know their re	(Circulator) I this nomination paper and personally te seeks to represent. I know that each specifive residences given. I intend to	way, NEW 13 EV s residence - Include number, street obtained each of the signatures of h person signed the paper with fu support this candidate. I am awa	on this nanor I	know that the signers a	ore electors of the jurisdicti Indicated opposite his or halshable under §12.13(3)(
(Date)		00 045 000 050 05		(Signature of circu	ulator)
GAB-168 (Rev. 09/2009) This form is prescribed b	The information on this form is required by the Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-80	r		Page N	0./7

Page No. / 7

Exhibit C



# WISCONSIN STATE LEGISLATURE

14107 W Gatewood Dr
New Berlin, WI 53151-1626
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P.17 \$243

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner





13910 W Sun Valley Ct
New Berlin, WI 53151-6867
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P. 17 \* U&7

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

the state of the s			CAF	IIDI U	/
Nominat	TION PAPER FOR PA	RTISAN.	OFFICE		<del></del>
	- Totale				
State WI	zip code 53151	Type of election	November 2,	Principle (5 wo	rds or less)
District or Jurisdiction  District number 1st 1  Impossibilition (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
ting the party or statement of princi eligible to vote in the jurisdiction o e for the same office at this election IE MUNICIPALITY USED FOR MAILING	ple indicated above, so that voters or district in which the candidate nate.  PURPOSES, WHEN DIFFERENT THAN	will have the nmed above se MUNICIPALITY	opportunity to vote for teks office. I have not si	☐ him or ☐ her gned the nomin	for the
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Nem!	1855 Amer Dr		□ Village 170, 0	erlin 6	[/11 <sub>]</sub>
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Z O R.	1975 W. Mzcan lew Berlin WI	30000	1 Village	de 6	1/1/
AM TITULKER 20 MAEAUSTO	(Name of circulator)  R. WAY, NEW	Bessel	en	rtify:	
(Circulate this nomination paper and personall e seeks to represent. I know that ea	or's residence - Include number, street, ly obtained each of the signatures o uch person signed the paper with ful	n this paper. I	know that the signers at	adjected expect	to hic or
12010			(Signature of circu	llafort	
	Street, fire, or rural route number; be number (if rural route); and name of street or road  12520 MacAlister Way  State  WI  District or Jurisdiction  District number	Street, fire, or rural route, and name of street or road street or road street or road later or road	Street, five, or rural route numbor: box street or road:  12520 MacAlister Way  State  WI  District or Jurisdiction  District or Jurisdiction  District or Jurisdiction  District number _ 1st	NOMINATION PAPER FOR PARTISAN OFFICE  Street, fire, or rural route number; box mumber; of none of purposes purposes purposes purposes attended or road and stated or road.  12520 MacAlister Way  State  2ip code  2ip code  2ip code  2ip code  33151  Nouvember 2, 2010  District or Jurisdiction  3ip District number: [List]  District or Jurisdiction or district in which candidate vecks office with common or district in which candidate vecks office with common or district in which the candidate vecks office with common or district in which the candidate vecks office with common or district in which the candidate vecks office with common or district in which the candidate amend above seek office. I have for the lighble to vote in the jurisdiction or district in which the candidate amend above seek office. I have for the lighble to vote in the jurisdiction or district in which the candidate amend above seek office. I have for the first of the same office at that is election.  E MUNICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  TURES OF ELECTORS  STREET & NUMBER OR RURAL ROUTE  RURAl differs must be a number of the purpose of the pu	Since, fig. or nural mate number: December 1 per number; (it would count); and name of attent or road  12520 MacAlister Way  Slobe  WI  Slobe  Joy code:  Type of Election dise Physiciple (as a period of the decision of the

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3' Floor
P.O. Box 7984

Madison, WI 53707-7984 608 266-8005

http://qab.wi.gov

Page No. 18

#### EXHIBIT F



# WISCONSIN STATE LEGISLATURE

3281 S 146th St
New Berlin, WI 53151-4408
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:



#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



15000 W Cleveland Ave
New Berlin, WI 53151-3724
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P. 18 P#2

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

EXHIBIT H



# WISCONSIN STATE LEGISLATURE

3601 S Moorland Rd
New Berlin, WI 53151-5146
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P.18 #3

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT I



# WISCONSIN STATE LEGISLATURE

2955 S Amor Dr
New Berlin, WI 53146-2309
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P. 18 #5

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner



3920 S Camrose Ave
New Berlin, WI 53151-5705
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P.18

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

EXHIBIT K

	Nominatio	ON PAPER FOR PAI	RTISAN <sub>2</sub> O1	FICE	10
Condidate's name; Bill Tucker	Street, fire, or rutal route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City			
Name of municipality for mailing purposes New Berlin	State WI	zip code	Type of election	November 2,	Name of Party or Statement of Principle (5 words or less) Independent
litle of affice Congress	District or Jurisdiction  District number 1st 1  Outstict number 1st 1	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>		2010	•
candidate represent listed above. I am any other candidat	request that the candidate, whose name ting the party or statement of principle eligible to vote in the jurisdiction or defor the same office at this election.  HE MUNICIPALITY USED FOR MAILING PURPLEMENT OF THE SAME PURPLEMENT OF THE MAILING PURPLEMEN	e indicated above, so that voters listrict in which the candidate na	will have the opp med above seeks	ortunity to vote for C office. I have not sig	in or in her for the office gned the nomination paper of
	THE NAME OF TH	STREET & NUMBER OR RURAL	MUST ALWAYS BE	LISTED.  MUNICIPALITY OF RES	BIDENCE DATE OF
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I, MATT HE	W M. TUCKER	ERTIFICATION OF CIRCUL (Name of circulator)			tify:
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(Date) GAB-168 (Rev. 09/2009) This form is prescribed by	The Information on this form is required by §§ : Government Accountability Board 212 East Washington Avanue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-800. http://gab.wi.gov Email: gab@wi.gov			(Signature of circul	·

0/110

EXHIBIT L



# WISCONSIN STATE LEGISLATURE

17087 W National Ave New Berlin, WI 53151-5523 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner



13401 W North Ln
New Berlin, WI 53151-6023
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P. 2Z P #485

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT N



# WISCONSIN STATE LEGISLATURE

15340 W Cleveland Ave New Berlin, WI 53151-3730 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.22 P#889

#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

	The state of the s		dinal Carinos	CAIR	) II C	
·	Nominatio	ON PAPER FOR PAI	RTISAN.	OFFICE		
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	12520 MacAlister Way	E City				
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le of affice Ongress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
I, the undersigned,	request that the candidate; whose nan	ne and address are listed above,	be placed on the	ne ballot at the election	described abo	ove as a
listed above. I am	eligible to vote in the jurisdiction or de e for the same office at this election.	listrict in which the candidate na	mied above se	opportunity to vote for eks office. I have not si	gned the non	ner for the of nination pape
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	P.O. Box 7984 Madison, WI 53707-7984 608 266-80 http://gab.wi.gov Email: gab@wi.gov	05		. 29311	~/	

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### EXHIBIT P



# WISCONSIN STATE LEGISLATURE

17480 W Cleveland Ave
New Berlin, WI 53146-2205
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P.24 P#1

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner



4550 S Caldwell Dr
New Berlin, WI 53151-6586
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P. 24

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT R



# WISCONSIN STATE LEGISLATURE

4525 S Hearth Ridge Dr New Berlin, WI 53151-9253 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner



13800 W Park Central Blvd
New Berlin, WI 53151-9538
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P.24 H 687

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



4460 S Camrose Ave
New Berlin, WI 53151-6769
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P.24 P.#8

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

EXHIBIT U



# WISCONSIN STATE LEGISLATURE

16100 W Armour Ave
New Berlin, WI 53151-6614
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P. 24 P # 9

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

EXHIBIT V



# WISCONSIN STATE LEGISLATURE

4560 S Camrose Ave
New Berlin, WI 53151-6765
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P.24 P.#10

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

				EXI	HIBIT, W
	Nomina	TION PAPER FOR PAI	RTISAN.	OFFICE.	
Candidate's nome; Bill Tucker	Street, fire, or rural route number; the number (if rural route); and name street or road  12520 MacAlister Way	oox Name of municipality for voting			
Name of immicipality for mailing purposes New Berlin	State WI	zip code 53151	Type o election	Flection date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  - jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 st			
candidate represer listed above. I am any other candidat	ating the party or statement of print eligible to vote in the jurisdiction of for the same office at this election.  HE MUNICIPALITY USED FOR MAILIN	name and address are listed above, to ciple indicated above, so that voters or district in which the candidate nation.  G PURPOSES, WHEN DIFFERENT THAN OF THE MUNICIPALITY OF RESIDENCE N	will have the med above se MUNICIPALITY	opportunity to vote for C eks office. I have not sign of RESIDENCE, IS NOT S	☐ him or ☐ her for the office gned the nomination paper of
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF REI	
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4. B.	Nex	Choro W. Meadour	N O. I.	□ Town New S □ Cily	estin 6/12/14
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10. P)+	. Gl	12751 W. SYEAMOR	٤ ا	□ Town HEW BER □ Village □ City	Glizho

CERTIFICATION OF CIRCULATOR certify: LLS TER WAY NEW BERLIN, (Circulator's residence - Include number, street, and municipality.) MACGLISTER I reside at 12520

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. It know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984

Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

Page No. 25

(Signature of circulator)

# EXHIBIT X



# WISCONSIN STATE LEGISLATURE

1467 S Carriage Ln
New Berlin, WI 53151-1439
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P.25 #1

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIB'IT Y



# WISCONSIN STATE LEGISLATURE

3245 S Pinewood Creek Ct
New Berlin, WI 53151-4381
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

p. 25 #3

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner

EXHIBIT	7	<u> </u>
	$T_{i}$	$( \top $

·	Nominatio	ON PAPER FOR PAI	RTISAN <sub>2</sub> O1	FFICE	
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Yillage ☑ City			
Nauc of municipality for mailing purposes  New Berlin	State WI	zip code-	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of affice Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for 🗆 him or 🗅 her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF
Shrem andusm	5401 S Steven Cb	Town O'Village New Berlia	6-12
Bu Home	4585 8 Sommered Dr	#1 Town Oillage new Berlew	6-12
Mr. O	14731 WHINHARD	Ortówn Ovillage Uyw Bark	9/17
Amy Dit	3245 5. Manor Dr.	D TOWN O WIllage New Berlin	6/12/
Coren Herrice	16322 W Hansen On	Ortown O Village New Berlin	6/14/
lethy John	18665 W. Coffee	Otown Divillage New Bertin	4/2/1
car moh	15 305 W. MARTAGE	O Town O Village City  LUSer  C	6/4/4
Lowing mon	SONO ROLLAJ Mende	Orling New Boll	4-12
auto	3000 S. 1574 Sh /	O Town O Village McCity New Berkn	6-127
01 2000	NOUSEWED CRESCENT OR NEW BEALIN WI K	CTTOWN CIVILIAGE NOW BOLLSN SCHOOL	6/2/1

I. MAT	THONE M.	TUCKER				. certify:		
,		(Name of circula	ior)					
I reside at	12520	MACALISTER	WAY	#204	NEW	BERLIN	,WI	53/5
		(Circulator's residence - Inclu	ide number, stree	t, and municipality	.)			

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their espective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). name, I kno Wis. Stats

(Date) GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Slats. This form is prescribed by:

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984

Madison, WI 53707-7984 608 266-8005 http://qab.wi.gov Email: gab@wi.gov

(Signature of circulator)



4585 S Sommerset Dr
New Berlin, WI 53151-6877
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P.27

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US** Senate

US Congressional
District 5
US Representative
F. Sensenbrenner

7/14/2010



# WISCONSIN STATE LEGISLATURE

3245 S Manor Dr
New Berlin, WI 53151-4359
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P.27 # 4

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



16322 W Hansen Dr
New Berlin, WI 53151-5014
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P.27 #5

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

US Senate

US Congressional
District 5
US Representative
F. Sensenbrenner



18665 W Coffee Rd
New Berlin, WI 53146-2830
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.27

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



5040 Rolling Meadow Dr
New Berlin, WI 53146-4000
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P. 27

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

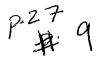
US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



3600 S 159th St
New Berlin, WI 53151-5004
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:



### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



16632 W Crescent Dr
New Berlin, WI 53151-6503
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.27

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

-	Nominatio	ON PAPER FOR PAI	RTISAN <sub>2</sub> O1	FFICE	<u> </u>
Candidates name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City			
Name of immicipality for mailing purposes New Berlin	State . WI	zip code- . 53151	Type of election	Election date  November 2, 2010	Name of Party or Statement Principle (5 words or less)  Independent
Tille of office Congress	District or Jurisdiction  ☑ District number 1st  ☐ Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
candidate representisted above. I am	request that the candidate, whose nar ting the party or statement of principl eligible to vote in the jurisdiction or o e for the same office at this election.	e indicated above, so that voters	will have the op-	portunity to vote for t	🗆 him or 🗆 her for the off
Tt	HE MUNICIPALITY USED FOR MAILING PO THE NAME OF T	IRPOSES, WHEN DIFFERENT THAN HE MUNICIPALITY OF RESIDENCE I		-	SUFFICIENT.
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo		MUNICIPALITY OF RE	

☐ Town 2. Carolfanes ☐ Village O Town □ Village □ City AREOWHEND □ Town Villag Uty 53151 □ Town U Village ☐ Town ☐ Villag City □ Town □ Village 12 City ☐ Town ☐ Village PARK DEER NEW BIRCEN D.City BERUN UI SI O Town ☐ Village NewBedin #\$Cily □ Town ☐ Village NEM BERLY ☐ City CERTIFICATION OF CIRCULATOR

certify: (Name of circulator) NEW BERLIN, WI 53(5) 19TRR WAY #204 I reside at (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this content is punishable under §12.13(3)(a), Wis. Stats.

(Date)

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

Page No. 28

(Signature of circulator)



4692 S Forest Point Blvd New Berlin, WI 53151-7482 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:



### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 Email Representative Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US Representative** F. Sensenbrenner

# EXHIBIT JJ



# WISCONSIN STATE LEGISLATURE

16430 W Melody Dr
New Berlin, WI 53151-9246
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P-28 142

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner



15174 W Arrowhead Ln
New Berlin, WI 53151-7477
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P-28 #465

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



15950 W Heatherly Dr
New Berlin, WI 53151-5620
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P.28 #7

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State
Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT MM



# WISCONSIN STATE LEGISLATURE

14935 W Signet Ln
New Berlin, WI 53151-5760
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.28 P#9

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT NN



# WISCONSIN STATE LEGISLATURE

4505 S Rachel Ln
New Berlin, WI 53151-6729
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.28

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

Madison WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

9/10

(10)

# EXHIBIT PP



# WISCONSIN STATE LEGISLATURE

13505 W Green Meadow Dr New Berlin, WI 53151-3131 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

# EXHIBIT QQ



# WISCONSIN STATE LEGISLATURE

12503 W Graham St New Berlin, WI 53151-2640 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

# EXHIBIT RR



# WISCONSIN STATE LEGISLATURE

13556 W Fountain Dr New Berlin, WI 53151-3971 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

p.30

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

# EXHIBIT SS



# WISCONSIN STATE LEGISLATURE

14764 W Hidden Creek Ct New Berlin, WI 53151-4441 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P.30 #5

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

# EXHIBIT TT



# WISCONSIN STATE LEGISLATURE

3110 S Fountain Square Blvd New Berlin, WI 53151-8910 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:



### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

# EXHIBIT UU



# WISCONSIN STATE LEGISLATURE

3200 S Stonegate Cir New Berlin, WI 53151-4578 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P-30

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

EXHIBIT





# WISCONSIN STATE LEGISLATURE

14933 W Arrowhead Ln
New Berlin, WI 53151-7479
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:



### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

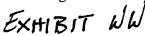
Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner





1650 S 80th St West Allis, WI 53214-4548 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 5 Senator Jim Sullivan (608) 266-2512 **Email Senator Jim** Sullivan



Assembly District 15 Representative **Anthony Staskunas** (608) 266-0620 **Email Representative Anthony Staskunas** 

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US** Congressional District 5 US Representative F. Sensenbrenner

# EXHIBIT XX



# WISCONSIN STATE LEGISLATURE

14300 W Howard Ave New Berlin, WI 53151-5908 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

Nominati	ON PAPER FOR PA	RTISAN <sub>2</sub> O1	FICE	· k.
Street, five, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes  Town Village  City		west	O COLOR
State	zip code	Type of election	Election date	Same of Party or Statement of Principle (5 Fords of 1888)
WI	53151	x general	November 2, 2010	Independent
District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			

I, the undersigned, request that the candidate, whose candidate representing the party or statement of prin listed above. I am eligible to vote in the jurisdiction any other candidate for the same office at this election

	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1 ( col lana ( 1 + 10)	13243 W. Foxwood 0,	Drown   Village   Berlin	6/14/16
2. Dulla Waine	101245W CRIMSON	Drown Divilage Dicity NewBent in	6-14-12
3 Bryan CHARK	13848 W STRAT FORDS	O Town O Village HOW BAR 42H	6-14-10
4. Paul Chudha	13445 W RADISSON OR	O Town O Village CACILY New Berlin	6/14/10
Detty In Put	14190 W. Mudasshirly	O Village New Burlin	6/14/10
Chydro Bellen	14145 Crimson Lan	O'Village New Letin	2114/10
Jalie Moveman	4089 WILSHICE CT	O TOWN O VIllage O City  NEW BENLY	4/14/6
8 Jan Land	4745 5.99	O Town O Village O City	C/24/4
9. Los Laur	New Benling	O Town / City City City Care Care Care Care Care Care Care Care	C- 14
audrey Weener	Mar 329168-126	O Town New Bulin	6-14-

WILLIAM T. TUCKER , certify: (Circulator's residence - Include number, street, and municipality.) I reside at

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)

6/14/2010

Candidate's name:

Bill Tucker

mailing purposes New Berlin

Title

Congress

Name of municipality for

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3" Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wl.gov

(Signature of circulator)

Page No. 33

10



13243 W Foxwood Dr
New Berlin, WI 53151-4590
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

P. 33

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US** Senate

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT AAA



# WISCONSIN STATE LEGISLATURE

14245 Crimson Ln
New Berlin, WI 53151-5275
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P33 #2

# Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



13948 W Stratford Ct
New Berlin, WI 53151-6245
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.33

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



14190 W Meadowshire Dr
New Berlin, WI 53151-2461
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

p. 33 #5

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner



14145 Crimson Ln
New Berlin, WI 53151-5276
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.33

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28
Senator Mary Lazich
(608) 266-5400
Email Senator Mary
Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner





4089 S Wilshire Ct New Berlin, WI 53151-6210



# The address information supplied could only be matched to a ZIP code area.

These areas frequently overlap multiple districts. For better results, enter a whole street address or look up your legislator by municipality.

This district determination is based on the most recent geographic data available for this address.

This address was matched to a 9 digit zip code (Zip+4) area, the center of which is located in the following legislative districts:

### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly

# EXHIBIT EEE



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

US Senate

US

Congressional

District 5

US

Representative

F.

Sensenbrenner

Senator Russ

Feingold

and

Senator Herb

Kohl

EXHIBIT EEE

Google maps

Address 4089 Wilshire Ct New Berlin, WI 53151

Get Google Maps on your phone
Text the word "GMAPS" to 466453

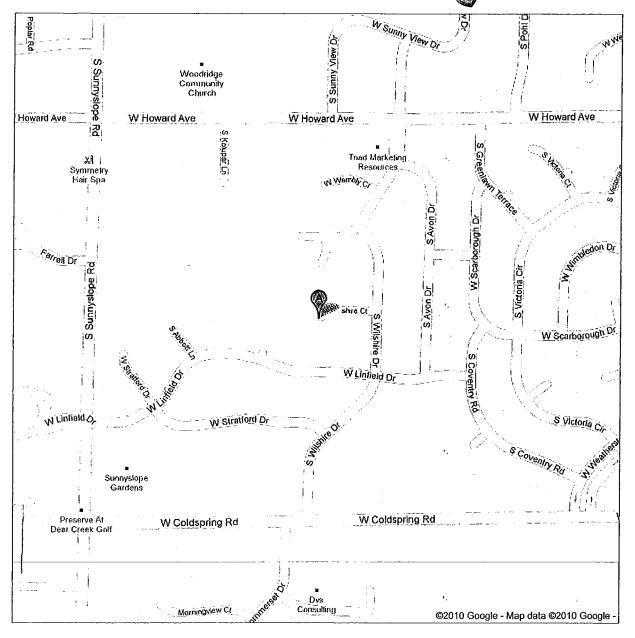


EXHIBIT FIF

	Nominatio	ON PAPER FOR PAI	RTISAN.(	PFICE	_	
Condidate's nome: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village 図 City	-			
Nome of municipality for mailing purposes New Berlin	State WI	zip code	Type of election	November 2, 2010		arty or Statement ( words or less)
itle of affice Congress	District or Jurisdiction  District number lst	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 st				
candidate represen listed above. I am	n request that the candidate, whose nan nting the party or statement of principle eligible to vote in the jurisdiction or due for the same office at this election.	e indicated above, so that voters	will have the o	pportunity to vote for t	🗆 him or 🗀 🖯	her for the offic
	HE MUNICIPALITY USED FOR MAILING PU THE NAME OF TH	JRPOSES, WHEN DIFFERENT THAN HE MUNICIPALITY OF RESIDENCE I			SUFFICIENT.	
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RE Indicate Town, Villag		DATE OF SIGNING
1.	anger -	180 Jose Vrw Berlin	011.44	Town Uvillage Acu	din	6/14/
2. Ka	y Comme	2 <del>448 5 104</del> 1203 WYSTERN TI	<del> </del>	DTown D Village MVKWa D City W):	NATO	6/14/10
3.	Dunda 3	1935 S. FOAR		□Town <i>NEW B</i> □Village □City	ERLIN	6/14/10
4.	Alm, 5	955 5. Oxen	torrect (	Town NW BO	erLIIn	0/14/1
5.	eunsel -	5426550	1010-	Town Village City	Berlia	(8/14)
6.	the 5	8}5 5th Collor		Town Uillage WW	beran	6/14/10
Maril	yn Bozich 13	5101W.Radu		Town Mu B 1 Village Mu B 1 City	erlix	6/14/10
8. July	BKW!	LOUS. Baas A		Town I Village New Br I City	ulh	6/4/10
9. Bui	(00)	1725 W. Wearter	- 10 ACK	Town Williage Hew B	eclin	6/14/1
10.0	12 Day 12	725 O. Weath	₩57 <b>5~</b> c	Town Village New L	Ber lin	6/14/16
I,		ERTIFICATION OF CIRCUIT	LATOR \	wealhiston ce	I ertify:	
I reside at	520 MACALISTER (Circulator	" (Name of circulator)  ハチリ、ルをひじる 's residence - Include number, street,	and municipali	(y.)	·	
or district the candida name. I know their re Wis. Stats.	I this nomination paper and personally the seeks to represent. I know that each aspective residences given. I intend to	obtained each of the signatures o	n this paper. I	know that the signers a	indicated onn	nsite his or her
, 5 (Dale)				(Signature of circu	ulator)	
	The Information on this form is required by § 97. Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984	·		Page N	o. 34	
~.°	Madison, WI 53707-7984 608 266-80 http://gab.wi.gov Emeil: gab@wl.gov	005		.1	م د م	

10



3680 S Joseph Rd New Berlin, WI 53151-5445 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:



### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner



### WISCONSIN STATE LEGISLATURE

3555 S Brentwood Rd New Berlin, WI 53151-5413 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:



#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

EXHIBIT III



# WISCONSIN STATE LEGISLATURE

3426 S Sunnyslope Rd
New Berlin, WI 53151-4506
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# **\$**34

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

· US Senate

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT JJJ



# WISCONSIN STATE LEGISLATURE

12725 W Weatherstone Blvd
New Berlin, WI 53151-6158
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# #34 N#10

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner

EXHIBIT KKK

	Nominatio	ON PAPER FOR PAI	OTTE A NI OT	PRICE	<del></del>	
Condidate's name:	Street, fire, or rural route number; box number (if rural route); and name of	Name of municipality for voting	CI ISAN, OF	FICE	<u> </u>	
Bill Tucker	street or road	purposes  Town  Village				
	12520 MacAlister Way	⊠ City				
Name of municipality for mailing purposes	State	zip code	Type of election	Election date	Name of Party or Statem Principle (5 words or less	
New Berlin	wr	53151	x general	November 2, 2010	Independent	
Title of office Congress	District or Jurisdiction  ☑ District number 1st  ☐ Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
	The state of the s		<u></u>			
candidate represen listed above. [ am	request that the candidate, whose nan- ting the party or statement of principle eligible to vote in the jurisdiction or d e for the same office at this election.	e indicated above, so that voters	will have the opp	ortunity to vote for C	him or her for the	office per of
Tı	HE MUNICIPALITY USED FOR MAILING PU THE NAME OF TH	IRPOSES, WHEN DIFFERENT THAN HE MUNICIPALITY OF RESIDENCE N			UFFICIENT.	
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RES		li i
1. 6-9	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1220 5755 ( 22	ROUMER	illage ( A _ /	0/19/	10
2 fate	ty Darvin	3623 5.159	57. 07. 07.	own illage NEWBE	ein 6/19	1/0
Marsh	1 bolono	4335 Amou	ST SE	illage / sac a la a	lin /15	
4	M N		05 CT. 0 VI	llage	6/19/	10
Tachi	Zalyoniz 1	1210 S8357 Firsi	Se Ct. OTO	llage	0 6/19	14
Ellen	15/2° 75	MUNICOURCE W	TO SIGN CITY	lage WATER	rora 6/19	7/10
Muses	5	1) Walton Ar	□ To □ Vill Ø Cit	lage 1/2/ 1/0.	-/n 6/19/	7
	1 vs 39	855 Chris		lage 17	elu 6/19	118
2 am	R 16	629 W. ELP	MAD ATO	lage \	ria 6/18/a	) (-6)
10. Mari	Julablu 59	130 Conservance	O Tov	age I I and Kno	lin 6/19/10	,
I,	C KLIAN TITUCKS	ERTIFICATION OF CIRCUI	ATOR	, cer	tify:	
I reside at	520 MACALISTE	(Name of circulator)  WAY WE s residence - Include humber, street,	AND BER	CeN_		_
or district the candidat	this nomination paper and personally of the seeks to represent. I know that each spective residences given. I intend to	obtained each of the signatures of person signed the paper with ful	n this paper. I kno	ow that the signers are	ndicated annosité his or	her
(Dale)	/20/0	•		(Signature of circul	ator)	-
	212 East Washington Avenue, 3 <sup>rd</sup> Floor		<i>.</i> /	Page No	·	
	P.O. Box 7984  Madison, WI 53707-7984 608 266-800 <a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov	05			,	

# EXHIBIT



# WISCONSIN STATE LEGISLATURE

3623 S 159th St New Berlin, WI 53151-5003 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 **US** Representative F. Sensenbrenner

# EXHIBIT MMM



# WISCONSIN STATE LEGISLATURE

3585 S Russell Rd New Berlin, WI 53151-5468 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

P.51

#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State **Assembly** 



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

EXHIBI	T /	VΛ	1
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		ON PAPER FOR PAR				
idate's nome: Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes  Town Village	•			
	12520 MacAlister Way	☑ City		6) 1 1	Name of Party	or Statement o
e of municipality for	State	zip code:	Type of election	Election date	Principle (5 wo	rds or less)
w Berlin	WI	53151	∗ general	November 2, 2010	Independe	nt 
of office ngress	District or Jurisdiction  District anumber lst Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
	request that the candidate; whose n		he alread on the	ballot at the election	described abov	re as a
candidate representisted above. I am	nting the party of statement of prices of eligible to vote in the jurisdiction of the for the same office at this election	r district in which the candidate n	amed above seek	s office. I have not s	ngned the notif	er for the officination paper of
'	THE NAME OF	- THE MONION ACT TO THE MONION ACT				DATE OF
. sigi	NATURES OF ELECTORS	STREET & NUMBER OR RURA Rural address must also include b	ox or fire no.	MUNICIPALITY OF R Indicate Town, Villa	ige, or City	SIGNING
1 Jane	Manhock.	14515 W. Clevelar New Berlin W.	T 53151	Village New F	erlin	9/19/16
2.	W Knowst	12417 W. Honey	o w rue	Town Divillage Mess B	inlin	4/19/10
3. / N	11/1///	WITAS 7120 GUHANN		Trown By B	end	9/19/10
4. 1	W -	4400 5.1291h Street		□ Town □ Village Sor City □ Gvelvori	eld	6/19/10
5. July 1		Greenfield, 4.1 5327) 3950 S. Elm 1 May Berlin		Town  O Village New		6/19/10
6. /		12007 W. CARPA	UTER	O Town O Village GREE なCity		4/4/0
7(1)		3501 S. Mosrland	1 Kg	□ Town □ Village □ City 3 / //// 3 /	Berlin	6/19/10
81/14/14/14	ew Kashi	1 /2 - 1 S 0 /	585L	□ Town □ Village □ City	1/200	6/19/1
9.	my g ca	13435, West Fo	main	Pown Now (	Berlin	6/19
10		5186 LYNN RD		() Town	al DALE	6/19/2-
Des	mufe Holh	CERTIFICATION OF CH	RCULATOR	Tony Copy		1(11/10)
I, w		(Name of circulator)		eun	_, certify:	
I reside at  I personally circuror district the care name. I know the Wis. Stats.	clated this nomination paper and persondidate seeks to represent. I know the eir respective residences given. I in	culator's residence - Include number, conally obtained each of the signal hat each person signed the paper when to support this candidate. I a	ures on this nanet	r. I know that the sign	ners are elector date indicated is punishable u	s of the jurisdic opposite his or ander §12.13(3
	(Date)	and the second of the Chair		(Signature	of circulator)	
GAB-168 (Rev. 09) This form is prescr	(Date) 2009) The information on this form is required by: Government Accountability Bo 212 East Washington Avenue	Jired by §§. 8.15, 8.20, 8.50, 9915, 51815 ard 3 <sup>16</sup> Floor	•	Pag	e No. 5	7
This form is presci	P.O. Box 7984 Madison, WI 53707-7984 60			L	<del></del>	

EXHIBIT OOD



# WISCONSIN STATE LEGISLATURE

14515 W Cleveland Ave
New Berlin, WI 53151-3818
This district determination is based on
the most recent geographic data
available for this address.
This address was matched to a Street
Address, the center of which is located
in the following legislative districts:

# P. 574

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional District 5 US Representative F. Sensenbrenner

# EXHIBIT PPP



# WISCONSIN STATE LEGISLATURE

12417 W Honey Ln
New Berlin, WI 53151-2644
This district determination is based on the most recent geographic data available for this address.
This address was matched to a Street Address, the center of which is located in the following legislative districts:

# P.57

#### Wisconsin State Legislature

Wisconsin State Senate Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 Email Senator Mary Lazich



Assembly District 84
Representative Mark
Gundrum
(608) 267-5158
Email Representative
Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

US Congressional
District 5
US Representative
F. Sensenbrenner

# EXHIBIT QQQ



# WISCONSIN STATE LEGISLATURE

3950 S Elm Dr New Berlin, WI 53146-3210 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

#### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

#### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

# EXHIBIT RRR



## WISCONSIN STATE LEGISLATURE

3507 S Moorland Rd New Berlin, WI 53151-5144 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:

## Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

## EXHIBIT SSS



## WISCONSIN STATE LEGISLATURE

13635 W Fountain Dr New Berlin, WI 53151-3973 This district determination is based on the most recent geographic data available for this address. This address was matched to a Street Address, the center of which is located in the following legislative districts:



### Wisconsin State Legislature

Wisconsin State Senate

Wisconsin State Assembly



Senate District 28 Senator Mary Lazich (608) 266-5400 **Email Senator Mary** Lazich



Assembly District 84 Representative Mark Gundrum (608) 267-5158 **Email Representative** Mark Gundrum

Please include your mailing address in your email to your legislator.

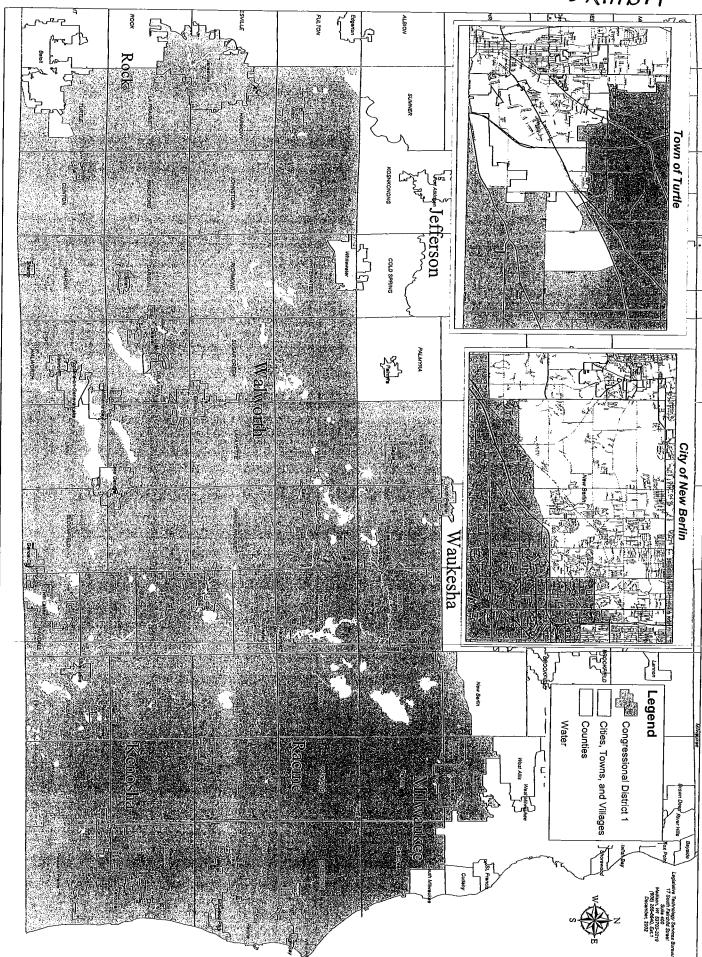
### **US Congress**

US House of Representatives

**US Senate** 

**US Congressional** District 5 **US** Representative F. Sensenbrenner

EXHIBIT TTT



CONGRESSIONAL DISTRICT 1

# WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD NATHANIEL E ROBINSON, ELECTIONS DIVISION ADMINISTRATOR 212 EAST WASHINGTON AVE 3RD FLOOR

PO BOX 7984

MADISON, WI 53707--798

(608) 261-2028

Candidate ID #: 200677
BILL TUCKER
12520 MAC ALISTER WAY UNIT 204
NEW BERLIN, WI 53151

This is to acknowledge receipt for the nomination papers of **BILL TUCKER**FOR THE OFFICE OF CONGRESSIONAL - DISTRICT 1

September Partisan Primary - Governor to be held September 14th, 2010

Party Affiliation: Independent

Nomination Papers filed July 1st, 2010

Declaration of Candidacy filed July 7th, 2010

Statement of Economic Interest filed (Not Filed) State Not Required

Ephi Diliket

Number of Valid Signatures: 1042

This is number of valid signatures determined by the Government Accountability Board staff. This number is subject to challange within 3 business days following the deadline for filing nomination papers.

Verified By

Date: July 7th, 2010

GAB-152 (Rev. 5/2010)

Nomination Paper Receipt No.:

2010FALLPP-082

# Wisconsin Government Accountability Board Nomination Paper Sufficiency Form

Receipt No.: 2010FALLPP-	-82	
Candidate ID # :		
Candidate Name: BILL TUCKER	₹ .	•
Address 1 : 12520 Mac Al	ister Way Unit 204	
Address 2 :		•
City, State, Zip: New Berlin, W	/I 53151	
Phone:		
		•
Election Date : 09/14/2010	Type:	: September Partisan Primary - Governor
Office: CONGRESSIO	DNAL - DISTRICT 1	
Party : Independent	•	
•		<b>.</b>
Date Filed Campaign Registration Statem	nent (Not Filed)	
Date Filed Declaration of Candidacy:	February 5th, 2010	
Date Filed Nomination Papers :	July 1st, 2010	•
Approximate Number of Pages:	125	/
Approximate Number of Signatures :	1250	13.5464
		CEll: 414573-5464  Phone: 4143757425
Papers Received from : Candida	ite	CE11.77
☐ Mail		4143757425
Other:		Phone : 179 3 1 2 1
Receptionist:		
WECF: Feed	D00	1.1.
201	DOC:	Ethics: U/ #
Agency Staff:	<del></del>	
Sufficiency Determined by:		
Summer by Botominious by .		
Number of Valid Signatures ://	f2	
If number of classes, we do in a second of the second of t	. ,	
If number of signatures is insufficient, indi	cate problem below:	obspect Address
DOC NEED TO	de principalise i	owited hours
Date Candidate Contacted: 7 / 6	110	·
Contacted by:		
Date of Final Approval: /	<u>:</u>	<del></del>
	<del>''</del>	•
Signature of Election Specialist :	·	
		· · · · · · · · · · · · · · · · · · ·

GAB-351 (Rev. 5/2010)

<u>.</u>	Nomin	ATION PAPER FOR P	ARTISAN.O	FRICE	/(
Candidate's name:	Street, fire, or rural route number ununber (if rural route); and name street or road	box Name of municipality for voti		PPICE	
Bill Tucker	12520 MacAlister Way	☐ Village ☑ City			
Name of municipality for mailing purposes New Berlin	State	zip code	Type of election	Election date	Name of Party or Statement Principle (5 words or less)
	WI	53151	* general	November 2, 2010	Independent
tle of office Ongress	District or Jurisdiction  District number1st  Jurisdiction (county)	Name of jurisdiction or distriction which candidate seeks office Wisconsin 18	e		
			<b>_</b>		<u> </u>
listed above. [ am	eligible to vote in the jurisdiction of the same office at this elect		ers will have the opper the opper seeks	oortunity to vote for to office. I have not sign	☐ him or ☐ her for the off gned the nomination paper
ļ	THE NAME	NG PURPOSES, WHEN DIFFERENT THE OF THE MUNICIPALITY OF RESIDENCE	CE MUST ALWAYS BE	RESIDENCE, IS NOT S LISTED.	SUFFICIENT.
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RUR Rural address must also include		MUNICIPALITY OF RES	
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$(X)^{2}$	M. Worthle.	12520 Mac Alis	trally of DI	own fillage	6-4-10
3. Michael	lew M	10500 MQCA15H	a way	own illage NULL (Bal	Lm 65-10
4. Glore	as Rumsen	12520 MacAl, -	ster Way	Illage /	MIN 6-5-1
5.	my	12520 MACA.	LEPEL DIT	llage /	de 65 %
6.	Donal	12860 MAC	AUS/G DVI		ales si
7. Buan	5 Benth	12560 MacAliste. # 207	Way DTO	lage Wew RIR	43,016-5 20
8. MATH	EN TUKER	12570 MACAUIS:	Tuty 11 TO 11 VII PECILI	lage T	XIN GATE
"hol	Jot	12565 MacAuster HEDD	WOW D To	aga <b>N//: \ 长</b> 0M	in 45/10
10.	tall	18555 MacH15 #205	15 er yastor	new Bell	in 6/5/10
	) M. TUCKER	CERTIFICATION OF CIRC  (Name of circulator)	··	, cert	•
ame. I know their res Vis. Stats.	this nomination paper and person seeks to represent. I know that pective residences given, I inten	LR W4Y # 209 lator's residence - Include number, stre hally obtained each of the signatures each person signed the paper with d to support this candidate. I am a	on this paper. I kno	w that the signers are	electors of the jurisdiction
(Date)	<u> </u>			(Signature of circula	ulari
	212 East Washington Avenue, 3 <sup>rd</sup>			Page No	·
	P.O. Box 7984 Madison, WI 53707-7984 608 26 http://gab.wi.gov Email: gab@wi.g				. /

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4 5 5 6 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			dest.		<del>///</del>
	Nominatio	ON PAPER FOR PAI	RTISAN <sub>2</sub> O	FFICE	tel and the second seco
Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City	,		
Name of municipality for mailing purposes New Berlin	State WI	zip code	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District number 1st	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  $\square$  him or  $\square$  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailin The name	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	ITY OF RESIDENCE, IS NOT SUFFICIENT. 'S BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF
1. Kant Pul	12460 Dran Care	Town Utiliage Socity Mees Belli	6/6/10
2. Cr Coleman It	12500 Doncan land New Bolln, WI,	O Town O Village Gaily New Actin	4)4(10
3. John Yhon	12500 Durco the	O Town O Village O Cily n. W. 13 Setu	616-10
Vadan H Walls	12540 Duran LN 207	Unillage Wow Balin	6/6/10
Linday Soneparnski	12500 Duncan Ln # 20+	O TOWN O VIIIAGE JEW BER IN	6/0/1
Ron Hoppad	12340 Duncmin Vi 43,0	O Town O Village O City O City O City O City	6/1/10
Laur Blowl	12514 DADON	O CHIEN SULL	6/4/0
Karkleen Bokewdie	12540 flores Kom	O Town O Village Haw Berlin	4/4/10
he fred	12540 Nuncau LN#103	O Town O Village  **City** New B. A.M.	6/6/16
Thut Bhull	12540 W Dunca LN 105 New Jestin VI 58151	Town Utilage	1/4/00
WILLIAM J. TUCKER	CERTIFICATION OF CIRCULATOR	, certify:	<del>1 2 / -  </del>

(Name of circulator)

I reside at 12570 MARACISTER WAY, NEW BERLI J

(Circulator's residence - Include number, street, and municipality.)

,,--,-

(Date)

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by: Government Accountability Board

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madlson, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov (Signature of circulator)

Page No. 5

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Condidate's name: Bill Tucker	Street, fire, or rural route number; in rural route); and name street or road  12520 MacAlister Way	box of municipality for <u>voting</u> purposes			·
Name of inunicipality for <u>nailing</u> purposes New Berlin	WI	zip code	Type election x general	November 2, 2010	Name of Party or Statement Principle (5 words or less) Independent
ide of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st			
candidate represent listed above. I am any other candidate	ting the party or statement of prir eligible to vote in the jurisdiction e for the same office at this election IE MUNICIPÄLITY USED FOR MAILIN	name and address are listed above, aciple indicated above, so that voters or district in which the candidate non.  G PURPOSES, WHEN DIFFERENT THA DIFFERENT THA OF THE MUNICIPALITY OF RESIDENCE	s will have the amed above se	opportunity to vote for teks office. I have not si	☐ him or ☐ her for the off gned the nomination paper
SIGNA	TURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo		MUNICIPALITY OF RE	
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6. parey	1 O'Mul	12901 W. Wyndr	idgedi	□ Town □ Village \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Berlin 6/9/10
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Past V	nass	12901W WYNDRA	y .	O Town Ulllage Wew Bally	ce/9/10
Ope 3	white	12401 W. WYNDR	•	O Town WCW BC O Villago WCW BC O Cily	RLIN 6-19/10
I reside at	(Circu	(Name of circulator)  MAY, NEW (State and State and Stat	RETELL N	/	rtify:
or district the candidat	e seeks to represent. I know that	ally obtained each of the signatures each person signed the paper with fi d to support this candidate. I am aw	ill knowledne d	Mrs content on the date.	Indicated apposite his or he

(Date)
GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.
This form is prescribed by:
Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov

	Nominati	ION PAPER FOR PA	DOTO AND	Optivo	
Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of unnicipality for voting	RTISAN	<b>ŲFFICE</b>	
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type of election	November 2, 2010	Name of Party or Statement Principle (5 words or less)  Independent
title of office Congress	District or Jurisdiction  District number Ist	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am any other candidate	request that the candidate, whose nat ting the party or statement of princip eligible to vote in the jurisdiction or e for the same office at this election.  IE MUNICIPALITY USED FOR MAILING PRINCIPALITY OF THE NAME OF T	district in which the candidate na	will have the	opportunity to vote for leks office. I have not si	☐ him or ☐ her for the off gned the nomination paper
·	ATURES OF ELECTORS	HE MUNICIPALITY OF RESIDENCE A STREET & NUMBER OR RURAL I Rural address must also include box	MUST ALWAYS	BE LISTED.  MUNICIPALITY OF RE	SIDENCE DATE OF
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7: P.V.V	12	7801 M-MAN,		Town NEW BE	
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10.	eyan 1	1920 Mac Alis	Way -	Village New BC	x 114 6/9/2016
Ciles	(org don	ERTIFICATION OF CIRCUL		Village ルeい [5 City	e( lin 6/9/10
I,	30 MACALINTER	(Name of circulator)	241	, ceri	tify:
I personally circulated to or district the candidate name. I know their response. Stats.	his nomination paper and personally of seeks to represent. I know that each pective residences given. I intend to seek	residence Include number, street, a obtained each of the signatures on person signed the paper with full support this candidate. I am awar	this paper. 11	know that the signers are	e electors of the jurisdiction dicated opposite his or her shable under §12.13(3)(a),
(Date) GAB-168 (Rev. 09/2009) T This form is prescribed by:	The information on this form is required by § Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-800 http://gab.wi.gov Email: gab@wi.gov			(Signature of circula	·

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Nominat	TON PAPER FOR PA	RTISAN	L O E	FICE		
al route number; box route); and name of lister Way	Name of municipality for voting			FICE		
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on erlst ounty)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>					
ED FOR MAILING P	PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE IN	MUNICIPALI IUST ALWAY	TY OF I	RESIDENCE IS NOT S		nination paper
RS	STREET & NUMBER OR RURAL I Rural address must also include box	ROUTE or fire no.		iunicipality of RES dicate Town, Village		DATE OF SIGNING
	12520 MacAlyler Hole was Berli	Way	To G Vil G Cit	wn lage 1 / 7	Acolin	(0/9/1)
la	17520 MACALIC	Tauty	D VIII	age 1/11/14	ladio	0/9/10
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	6661 #108 8. WA PICLO LN	ne	□ Tov □ Villa by City	age NOW RA	SKLIW	6/10/10
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11	a The Collans	11-4	O Tow		4 0	/ (0)

Condidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes    Town   Village   City			
Name of municipality for mailing purposes New Berlin	State	zip code-	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
New Bertill	WI	53151	∝ general	November 2, 2010	Independent
Title of affice Congress	District or Jurisdiction  District number Ist  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am	request that the candidate, whose nat ting the party or statement of principle eligible to vote in the jurisdiction or e for the same office at this election.	te indicated above, so that voters district in which the candidate nat	will have the opp med above seeks	oortunity to vote for U office. I have not si	☐ him or ☐ her for the office gued the nomination paper of
TH	E MUNICIPALITY USED FOR MAILING PO THE NAME OF T	JRPOSES, WHEN DIFFERENT THAN HE MUNICIPALITY OF RESIDENCE M	MUNICIPALITY OF TUST ALWAYS BE	RESIDENCE, IS NOT S LISTED.	SUFFICIENT.
<u> </u>	TURES OF ELECTORS	STREET & NUMBER OR RURAL F Rural address must also include box	or fire no.	MUNICIPALITY OF RES	SIDENCE DATE OF le, or City SIGNING
1.	a file	Hole was for		- VIO	Serin 6/9/0
2. RP	Scardly	17520 MACHICA RT 206 1701 = 2061 Wanteda	ОС	illage New B	lasta co/app
3. Muchan	I forfam	· · · · · · · · · · · · · · · · · · ·		illage Naw Be	din 4/2/20
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6.	13M H	JWC(pllane	A CO To	lage L. L.O.	eres 6-19-10
Jan Stay		475 S. MAJONS		lage 44//	edis 6-11-1,
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Patricia	Nalker 3	935 S. Adel	Ci Tov	age S	Eslin 6-11-10
	LIAM I, JUCKETE	ERTIFICATION OF CIRCUL, (Name of circulator)	ATOR	, cert	tify:
l personally circulated to	(Circulators (Circulators) (Ci	residence - Include number, street, a btained each of the signatures on person signed the paper with full support this candidate. I am aware	this paper. I kno	w that the signers are content on the date in is certification is punis	e electors of the jurisdiction dicated opposite his or her shable under §12.13(3)(a).
(Date) GAB-168 (Rev. 09/2009) T	he information on this form is required by §	 §. 8.15, 8.20, 8.50, Wis. Stats.		(Signature of circula	afor)
This form is prescribed by:	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-800			Page No	./2
	http://gab.wi.gov Email: gab@wi.gov	·		8/1	0

Candidate's nome;

	TAOMINAT	ION PAPER FOR PA	RTISAN	OFFICE		/(( )
Candidate's name; Bill Tucker	Street, fire, or rural route number: box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting				
Name of municipality for mailing purposes	State .	zip code-	Type election	of Election date	1	Party or Statement (5 words or less)
New Berlin	WI	53151	x genera	November 2010	1	
ille of office Congress	District or Jurisdiction  ☑ District number lst ☐ Iggisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
listed above. I am	request that the candidate, whose nating the party or statement of principeligible to vote in the jurisdiction or for the same office at this election.	de indicated above, so that voters district in which the candidate na	will have the med above s	ecks office. I have	ote for $\square$ him or $\square$ e not signed the no	☐ her for the offi omination paper
<u> </u>		THE MUNICIPALITY OF RESIDENCE I	MUST ALWAY	Y OF RESIDENCE, I	S NOT SUFFICIENT	
SIGNA	TURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	ROUTE or fire no.	Indicate Town	OF RESIDENCE , Village, or City	DATE OF SIGNING
"Don"	2 while	trantsville	IN	□ Village	Low W	4/19/10
2. Phil	lip Haerle	10255 8 Juditho	1/2	Town Village Oak	Creek	6-19-10
3.	m Blus 1-	284 7% nile Rd		O Town O Village O City	LEYONIA	6/19/1
m C	Sara 9	4	132	O Town O Village D City	Klin	61/9-
5. S. A	1	ERANGHAN /	11	□ Town □ Village ② City	bly	L 19
Su Dat		2630 W. Laxewa Ax Corek, WI		□ Town □ Village ☑ City 🔗	ell,	6-19-10
7. Mary	0 0 3	4901 in 3. M	G 273318	□ Town □ Village □ City	112	(-16
Sterry	Elergent ?	0167 Jefflers Dak Creck Wi	2	□ Town □-Village □-Cily Ou	Korek	(-P-1
7	materella	471 E Elm Rd Call Creek WI		Town Ool	Creek	6-19-10
10. fau	Our	Franklin.	53137	City 7	nanh	6-19-1
	ILIAM TITUCK	(Name of circulator)	ATOR	1	_, certify:	
I personally circulated to or district the candidate	(Circulator) his nomination paper and personally seeks to represent. I know that each pective residences given. I intend to	s residence - Include number, street, a	lhis paper.	I know that the sign fits content on the ng this confification	ners are electors of date indicated op is punishable und	of the jurisdiction posite his or her ler §12.13(3)(a),
(Date) GAB-168 (Rev. 09/2009) T	he information on this form is required by §	– §. 8.15, 8.20, 8.50, Wis. Stats		_	of circulator)	
This form is prescribed by:	Government Accountability Board	Olata,				

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Condidant	Nomin	ATIO	N PAPER FOR PAI	RTISAN	OFI	FICE	Male de la companya della companya de la companya de la companya della companya d	
Condidate's name: Bill Tucker	Street, fire, or rural route number number (if rural route); and nam street or road  12520 MacAlister Way	ne of	Name of municipality for <u>votine</u> purposes    Town   Village   City					
Name of municipality for mailing purposes New Berlin	State WI		zip code	Type election		Election date  November 2.		Party or Statement of 5 words or less)
Title of office			·	x gener	~I I	2010	Indepe	ıdent
Title of affice Congress	District or Jurisdiction  District number 1st 1  Jurisdiction (county)	1 1	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>					
listed above. I am any other candidat	request that the candidate, whose ting the party or statement of privilegible to vote in the jurisdiction of the same office at this election.  THE NAME	on or distr ion.	ict in which the candidate nar	will have the	e opport seeks of	unity to vote for C ice. I have not sig	I him or U gned the no	
	THE NAME	1	NUNICIPALITY OF RESIDENCE M TREET & NUMBER OR RURAL F	UST ALWAY	S BE LIS	TED.		
1,		Rural	address must also include box	or fire no.	India	NICIPALITY OF RES	IDENCE , or City	DATE OF SIGNING
	fill-	15	210 W GLENURAA.		☐ Villag	e New Bed	ik	6/19/10
3.	h. Hedel	36	115 W. Son- Earlin, W. 12 South Ry	thland. L	Town Village City  Pown Utillage	Fraull	ine	6/19/10
4. Jan	Coeven	T05	95 Dierbross	#3 WOL.	☐ City ☐ Town ☐ Villag ☐ City	- Fran	Kli4	6/19/10
Isrida	anderson	4167 FTL.	nklin, WI		☐ Town ☐ Village ☐ City	Frank	lin	6/19/10
Lenny	Zeise	80	7	#37	☐ Town ☐ Village ☐ City	Frank	Len	6/19/8
Town V	10	9090	1 5, 20th St	neel	☐ Town ☐ Village Mar City	Oak C	reex	6/19/10
8. Jalen	Theore	38	M Worm		☐ Town ☐ Village ☐ City	Parsuo	A	19/10
9. Jedi	Mga	9670	5. 35° Sty.		□ Town □ Village CCIIy	Frank	lie	16/19/10
Kall	zh Ka	80	325665	1	☐ Town □ Village □ City	Land	20	6/15/18
1, wie	LAM T. TUCK	(Nan	ne of circulator)	ATOR		, certi	fy:	7770
I reside at	DO MACALISTO	ator's resid	ence - include number, street ar	nd municipal	itu )	<del>.</del>		·
I personally circulated to r district the candidate name. I know their resp. Wis. Stats.	his nomination paper and persons seeks to represent. I know that of pective residences given. I intend	ally obtain each pers d to suppo	ned each of the signatures on to signed the paper with full kort this candidate. I am aware	this paper. mowledge of that falsifyi	l know the filts containing this containing this containing the filts of the filts	nat the signers are ent on the date incertification is punis	electors of licated oppo hable under	the jurisdiction psite his or her §12.13(3)(a),
(Date) GAB-168 (Rev. 09/2009) This form is prescribed by:	he information on this form is required Government Accountability Board	by §§. 8.1	5, 8.20, 8.50, Wis. Stats.			(Signature of circulat	or)	
	212 East Washington Avenue, 3 <sup>rd</sup> F P.O. Box 7984 Madison, WI 53707-7984 608 266 http://gab.wi.gov Email: gab@wi.g	6-8005				Page No.	39	

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	Nominat	ION PAPER FOR PAI	RTISAN.(	PEFICE	
Condidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
Name of immicipality for mailing purposes New Berlin	State WI	zip code	Type of election x general	November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of affice Congress	District or Jurisdiction  District numberlst lastiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1st			
listed above. I am any other candidat	request that the candidate, whose na ting the party or statement of princip eligible to vote in the jurisdiction or e for the same office at this election. HE MUNICIPALITY USED FOR MAILING P THE NAME OF T	le indicated above, so that voters district in which the candidate na	will have the o	pportunity to vote for C ks office. I have not sig	☐ him or ☐ her for the office gned the nomination paper of
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	ROUTE or fire no.	MUNICIPALITY OF RES	
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2. Augl	r hle	0255 S. Judia	<del>-//-</del>   c	Town Village Oak C	reek 6.19.10
3. De	book Sales !	130 W. Dover		TTown I Village City Oak	wek 6/19/1
Money	Harrias ta	1355 Samqi		Town Village + Can	Ou 4/19/18
5. 9 1	nom 8	300 5 , SPR/NGB		Town Village OAK CAC	5K 6/17/8
6 M	12	Oles W. Gran		Town Carche Village City 53154	eh 6/19/18
7-marie	Doga 3		<del>- 12</del> 7  0	Town Caledo Village Cily 53	nia 6/9/10
l o 1	// <del>\                                  </del>	(all 1 \) ///an/	' )	DOP	

C) Town
C) Village City CERTIFICATION OF CIRCULATOR , certify: (Name of circulator) LISTER WAY, NEW BEKLIN (Circulator's residence - Include number, street, and municipality.) I reside 1ACALISTER

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov (Signature of circulator)

□ Village □ City

☐ Village City

		ON PAPER FOR PA	KT19VI.	(; (V)	CTICE -	
Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes  ☐ Town ☐ Village				
	12520 MacAlister Way	X City				
Name of municipality for mailing purposes	State	zip code	Type election	of	Election date	Name of Party or Statement o Principle (5 words or less)
New Berlin	WI	53151	x gener	al 'al	November 2, 2010	Independent
Title of office Congress	District or Jurisdiction  District number 1st	Name of jurisdiction or district in which candidate seeks office Wisconsin				

ty or statement of principle indicated above, so that voters will have the opportunity to vote for 🗆 him or 🗆 her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILIN THE NAME (	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	TY OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
Thereas Ex	3300 S. Carlamond	O Town O Village New Bulu	6/18/10
2. Baranti Gosworni	3670 S Mookland	O TOWN HE Bellin	6/19/18
Wann Janus	4450 S Regal Manor D	O Town New Berlin  City  City	6-19.10
Robert Cloud	W19089808 Parker	O Town O Village Musky	6/19/10
Kathy Procese	19725 W. Wedgewood	Vallage New Burlin	6/19/10
Box Belighest	3953 5 Rd- Dr.	O Town O Village Now Berle L'	6/17/10
Wolle Many	3720 S. ADRIL AVE	O Town City  City  City	6/19/10
8. M.Kan	2727 5.132 S+	O'Town O'Village New Bedin	6/19/1
Thehe	Haylowsh	U Town Ulliage / Lan Anilas A Cily	6/19/1
16. Susan Zıllmer	7620 S. Solvey	PATOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	4 n/1
WILLIAM T. TUCKET	CERTIFICATION OF CIRCULATOR (Name of circulator)	, certify:	

		CERTIFICATION OF CIRCULATOR	
.[,	WILLAM	T. TUCKER	, certify:
		(Name of circulator)	,
I reside at	12520	MARALISTER WAY, NEW BERLIN	
		(Circulator's residence - Include number, street, and municipality.)	,

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying the certification is punishable under §12.13(3)(a), Wis. Stats.

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This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984

Madison, WI 53707-7984 608 266-8005 http://qab.wi.gov Email: gab@wi.gov

(Signature of circulator)

				Store in the second to the	11
	Nomina'	TION PAPER FOR PA	RTISAN.O	FFICE	
Candidate's name: Bill Tucker	Street, fire, or rural route number; be number (if rural route); and name street or road  12520 MacAlister Way	ON Name of municipality for senting			
Name of municipality for <u>mailing</u> purposes New Berlin	State WI	zip code 53151	Type of election	Election date  November 2, 2010	Name of Party or Statement Principle (5 words or less)  Independent
itle of office Congress	District or Jurisdiction  District number 1st  ligisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am any other candidate	request that the candidate; whose n ting the party or statement of princi eligible to vote in the jurisdiction of e for the same office at this election.  HE MUNICIPALITY USED FOR MAILING	pre maleated above, so that voters or district in which the candidate na	will have the opposed above seeks	office. I have not sign	☐ him or ☐ her for the offi gned the nomination paper
	ATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE M STREET & NUMBER OR RURAL I Rural address must also include box	ROUTE	LISTED.  MUNICIPALITY OF RES	SIDENCE DATE OF
1. Karth	in A. Kropf	1326 Sherwood Ct Kanklin, 1415	— От	ndicate Town, Village own fillage Bly Frankel	. 6/
2. / Ja 3. J.	emblans :	3626 W. Thorac F 9800 S.3/0t	tveet or		liu 6/9/
4. Batta	V Bar	3437 Micholson [		own C +	110 719/10 na 6/19/10
5.	Augh	885/5, Clover Ci		wn lage O	h 6/19/10
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I HYI a	na Lubin	1	Ave orov	age Trank	clin (a/25
9. O	theser	8602 WESLOKE	City  City	west A	//is \$ 25
10 \ 10 \	ey K. WH	3602 Westlake	□ Cily	GREENDA m	125/10
Junh	e me	CERTIFICATION OF CIDOR	ATOR		le \$25/10
	D MACALISTER	(Name of circulator)  WAY NEW BETE	26.10)	, certi	fy:
personally circulated the or district the candidate name. I know their respons. Stats.	(Circulator)  Als nomination paper and personally seeks to represent. I know that each opective residences given. I intend to	s residence - Include number, street, a obtained each of the signatures on h person signed the paper with full i support this candidate. I am aware	this paper. I know	w that the signers are prient on the date ind s certification is punts.	electors of the jurisdiction licated opposite his or her hable under §12.13(3)(a),
(Date) GAB-168 (Rev. 09/2009) Th his form is prescribed by:	he information on this form is required by s Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor			(Signature of circulat	·

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov

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•	Nominati	ON PAPER FOR PA	RTISAN C	FFICE	
Candidate's name: Bill Tucker	Street, fire, or rural route number, box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for votion			
None of municipality for <u>mailing</u> purposes New Berlin	State WI	zip code:	Type of election	November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
itle of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 st			
listed above. [an	, request that the candidate, whose nare nating the party or statement of principle eligible to vote in the jurisdiction or the for the same office at this election.  HE MUNICIPALITY USED FOR MAILING PUTHE NAME OF THE	district in which the candidate na	will have the op- med above seek	oportunity to vote for Cos office. I have not sign	☐ him or ☐ her for the office gned the nomination paper of the nomination paper of the first paper of the f
SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL I		MUNICIPALITY OF RES	SIDENCE DATE OF
1. John		2861 W SYCAMO,		Town Village	ots oluba
19	1	Vew Berlin WI	/ 34	City // Lands	8/1/18

THE MUNICIPALITY USED FOR MAI	LING PURPOSES, WHEN DIFFERENT THAN MUNICIPAL ME OF THE MUNICIPALITY OF RESIDENCE MUST ALWA	ITY OF RESIDENCE, IS NOT SUFFICIENT. YS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
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21 Day Quo	1990) / 2 Leavers Dr	Town Orlinge New Berlin.	6/11/10
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M. boulder	UD24 S. Wavefield (N 204		14/1/10
5. g L	604 s wateful flae	Drown Now O'llinge Ber (	Elulte
Cloap. Luting .	128-21 W Sycamore Dr New Berlin LIT	OTOWN OVIllage Wew Brin	6.11.10
7. Infrom	12821 W Sycamore Or New Berlin Wt	Orong New Berlin	6.11.18
Diane Groth	1275/W. Sycame	Town Yew Rechy	6-11-1
9. PAULTON	12661 W. SKAMORO 1103	O TOWN NEW BENTIN	6-11-1
· Valene Wallhows	12fole I W. Sycamore	Q Town Q Village New Berlin	6-11-1
	CERTIFICATION OF CIRCULATOR	· on part	

Valene	Wellhows	1406 W. 34 GCN	A Cit		Berlin	6-11-1
. /////.	4 T. TUCKER	CERTIFICATION OF CIRC	ULATOR			<del></del>
		(Name of circulator)			_, certify:	
I reside at 12520	MARALISTER	WAY, NEW BEX	ZLIN			
	(Circula	itor's residence - Include number, stre	et, and municipality.)		<del></del>	<del>,</del> -
I personally circulated this no or district the candidate seek name. I know their respectiv Wis. Stats.	omination paper and persona	lly obtained each of the signature: ach person signed the paper with to support this candidate. I am a	s on this paper. I kno	w that the sign	ners are electors date indicated op is punishable und	of the jurisdiction oposite his or her der §12.13(3)(a),

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov

(Signature of circulator)

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-	The Control of the Co		<u>.</u>	·• .	
	Nominat	ION PAPER FOR PA	RTISAN.	OFFICE	
Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
Name of municipality for mailing purposes New Berlin .	State WI	zip code	Type election x general	of Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am any other candidat	request that the candidate, whose nating the party or statement of principeligible to vote in the jurisdiction or e for the same office at this election.  HE MUNICIPALITY USED FOR MAILING PARTIE NAME OF THE NAME OF	district in which the candidate na	will have the med above se	opportunity to vote for eks office. I have not si	☐ him or ☐ her for the office igned the nomination paper of
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL I	ROUTE	MUNICIPALITY OF RE	
1.		Rural address must also include box 1255 Manhling wan 202	Jar	Indicate Town, Village  □ Town □ Village  SCity	ge, or City SIGNING
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Eure	21 Busalvech	2480 MACALIS #204	WAY	Town Village DCity New Rec	
7. Kennock	1 Durslacchi	480 MacAlister 1 #204	way 5	Trown  Village New Berlo	n 6/9/10
Byra do	Hnderson #	480 MacAlistori		Trown Willage NEWBet 1	lin 6/5/10
9.//./	12	480 MAC ALTSTER	3/1/21	Tour	<del></del>

	• " • "	46
CERTIFICATION OF CIRCULATOR		
1, WILL AM I. TUCKER	, certify:	
(Name of circulator)		
I reside at 12520 MARALISTER WAY NEW BEKLIN	·	
(Circulator's residence- include number, street, and municipality	ity.)	

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. Tknow that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her wis. Stats.

I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a).

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

	Nominat	ION PAPER FOR PAI	RTISAN C	FFICE	~ *
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
lanie of inunicipality for <u>adine</u> purposes Jew Berlin	State WI	zip code-	Type of election	November 2, 2010	Name of Party or Statement Principle (5 words or less)  Independent
dle of affice Ongress	District or Jurisdiction  District numberlst  gustsdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am any other candidat	request that the carididate, whose na ting the party or statement of princip eligible to vote in the jurisdiction or e for the same office at this election. HE MUNICIPÁLITY USED FOR MAILING P THE NAME OF T	district in which the candidate na	will have the opmed above seek	portunity to vote for s office. I have not si	☐ him or ☐ her for the off gned the nomination paper
ļ	ATURES OF ELECTORS	STREET & NUMBER OR RURAL I Rural address must also include box	or fire no.	MUNICIPALITY OF RE Indicate Town, Villag	SIDENCE DATE OF
1. July	endez	12560 MACAUS		Town Village NEW BE	FLIN 6/6/10
200 g/	200-	2446 MICALISTO		Town Village City	46/16
3.	2 /	2400 nac Myler	Vay 0	Town Village	6/61
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Sail )	Danoch' 1.	2400 Madlister 1 204	liny of	own New Be Village City	Min 6/6/10
ANI	md 13	2460 Direa la	- OT	own Aug (1)	61.10
agety.	1. Nouth	2500 DURAN L	D T	own illage <i>Ne4 Bsp</i>	Lin 6/6/12
Section	myllano F	1440 SINCAN	CAI DT	Illage	244 4/0
Volak	V - ///.	1960 Dancan LA 108	Z CI	llage	un 96/10
i, pill,	AM T. TUCKER	ERTIFICATION OF CIRCUL		, cer	
I reside at	20 MARALISTER	way, New Bens residence - Include number, street, a	RUN		

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

Government Accountability Board
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P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

					10	
	Nominat	ION PAPER FOR PA	RTISAN	OFFICE	7	
Candidate's name: Bill Tucker	Street, five, or rural route number: box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for votion		- CAPTICIS		
Name of municipality for mailing purposes  New Berlin	State WI	zip code 53151	Type o election	f Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent	
Title of affice Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>51</sup>				
I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for \( \sqrt{\text{him}} \) him or \( \sqrt{\text{her}} \) her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.						
T <sub>1</sub>	HE MUNICIPÁLITY USED FOR MAILING P THE NAME OF T	URPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE I	MUNICIPALITY MUST ALWAYS I	OF RESIDENCE, IS NOT S BE LISTED.	SUFFICIENT.	
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	ROUTE or fire no.	MUNICIPALITY OF RES		
1. Carla	VLar N	1890 W. Greenson Weberlin, WI	insu-	□ Town □ Village City	6/7/10	
2. Juli	e Wing	2930 W. Lakelon New Berlin, WI 5	, ,	Town	1 6/7/10	

12845 W, LAKELAND DR, 1B ☐ Town ☐ Village 6-7-10 M.B. WI 53151 12805 W. Lakeland Or 🗅 Тоул ☐ Village New Berlin, WI 5315 6-740 OR CITY 12705 W. □ Town □ Village 6-710 **Cliy** 6565 Lake Com D C) Town 47/10 ☐ Village M City Replin LAKELAN [ ☐ Town □ Village City ☐ Town ☐ Village City ☐ Town ☐ Village ☐ Cily C) Town □ VIIIage □ VIII CERTIFICATION OF CIRCULATOR certify: (Name of circulator) (Circulator's residence - Include number, street, and municipality.) I reside at \_\_\_\_\_\_\_\_ I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a).

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

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(Signature of circulator)

	N.Y.		***		
	Nominat	TON PAPER FOR PAI	RTISAN.O	FFICE	i
andidate's name; ill Tucker	Street, fire, or rural route number; bos number (if rural route); and name o street or road	Name of municipality for yoting			
	12520 MacAlister Way	☑ City			
uce of inunicipality for iling purposes ew Berlin	State   WI	zip code:	Type of election	Election date	Name of Party or Statem Principle (5 words or less)
	VY E	33131	x general	November 2, 2010	Independent
e of office ingress	District or Jurisdiction  District number 1st 1  Japisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am any other candidate	request that the candidate, whose nating the party or statement of principle eligible to vote in the jurisdiction of efor the same office at this election.	ple indicated above, so that voters r district in which the candidate na	will have the op med above seek	portunity to vote for b s office. I have not si	☐ him or ☐ her for the ogned the nomination pap
	THE NAME OF	THE MUNICIPALITY OF RESIDENCE N	MUST ALWAYS BE	LISTED.	<del></del>
1.		STREET & NUMBER OR RURAL I Rural address must also include box	or fire no.	MUNICIPALITY OF REI Indicate Town, Villag Town	
fall	whe		- P	Village OAK (NA)	EK 6-21+10
Tracy	Beile	517 W. Hillop	<del></del>   q	Town Village Oak C City	reek letzila
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1	460	1146 W. Uiolet		Town Village Oak C	rech 6/2
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6. Ohri	5 Poorman 3	5408 W. 5-mi	0(	/illage ( ~ \)	nia 6-21-17
James	Kinley	15/7 5 27 th st		own Village FRANKULL	V 6-2:-11
STR M	alish H	1351 So SA Pa		own adb	nach (.21
Joh	NZum 9	1/50 1029		RANKI	124 531
10.	> 1 =	BOIG WEST ENTRAL AUE	DV	own Illage Illy FRANK!	LIN 53/3
-	WANT TUCKE	(Name of circulator)			tify:
personally circulated	(Circulato this nomination paper and personally e seeks to represent. I know that ear spective residences given. I intend to	r's residence - Include number, street, and obtained each of the signatures on the person signad the person with full	and municipality.)  this paper. I kn	now that the signers ar	
(Date) AB-168 (Rev. 09/2009)	The information on this form is required by	- - 68, 8.15, 8.20, 8.50 Wis State		(Signature of circul	lator)
his form is prescribed by	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Flor			Page No	76

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	Nomina	ATION PAPER FOR PA	DTIGANT O		
Condidate's name; Bill Tucker	Street, fire, or rural route number; number (if rural route); and name street or road  12520 MacAlister Way	box. Name of municipality for vertical	RIISANO	HAICK	
Name of immicipality for mailing purposes  New Berlin	State WI	zip code-	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District number 1st	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			<u> </u>
listed above. I am	request that the candidate, whose ting the party or statement of printed in the jurisdiction of the same office at this election MAILIN TO MAILING THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN	will have the opposed above seeks	office. I have not sign	I him or I her for the office need the nomination paper of
<u> </u>	THE NAME O	OF THE MUNICIPALITY OF RESIDENCE I STREET & NUMBER OR RURAL Rural address must also include box	MUST ALWAYS BE	LISTED.  MUNICIPALITY OF RES	IDENCE DATE OF
1. PB	_	0 1-2	A)	own Mage Dok Cra	1 // /
Bob	GRANT	5825 Hy 4		own filage Illy QAIEI	70 x in 6/21/20
3. Kastir	Hernon	4685 W. Aleso	153/54 90	own	in 6/0//
4. Micha	uel KNOFILE	1785 west Mey	tr lane or	lllage	reak 6/01/10
5. Janes	J. Luckey	4925 W. Rawson	JA CI	own Illage	
Sandra	. Deptula	3710 W. ANI'S	U VII	lage Frank	
"leah	Taby	Are Hales Coxx	2475 OCH		onex 6/22/10
8 July	elle	6703 Conster.	O To	lage Green da	le (e/22/x
Patricio	adeffess	Franklin	V CACO POTON	wn brankli	n 6/27/10
10. Kand	m Tess.	CS455. Parkwan	M DV. CTON	age/.l .	Glado

1, WILLIAM TITUCK	EX	, certify:
I reside at 12520 MARA	(Name of circulator) 157ER WAY, NEW BERLYN	, certify.
	(Circulator's residence - include number, street, and municipality.)	

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I knew that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). 12010

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. 80x 7984

Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

Page No. 81

(Date)

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212 East Washington Avenue, 3 Floor P.O. Box 7984 Madlson, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov (Signature of circulator)

Page No. 84

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	Nomin	ATION PAPER FOR PA	DTIGANT	PPICE	<u> </u>
Candidate's name; Bill Tucker	Street, fire, or rural route number number (if rural route); and nan street or road	tox Name of municipality for voting purposes Coven Village		BAICE	
<u>'</u>	12520 MacAlister Way	☑ City			
lane of municipality for miling purposes lew Berlin	State	zip code:	Type of election	Election date	Name of Party or Statemen Principle (5 words or less)
ACM DELIM	WI	. 53151	x general	November 2, 2010	Independent
de of office Ongress	District or Jurisdiction  District number 1st 1  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am	ting the party or statement of pr	se name and address are listed above, inciple indicated above, so that voter on or district in which the candidate region	e will have the on	portunita to unto for [	The first of the first of the second
	IE MUNICIPALITY USED FOR MAILI	NG PURPOSES, WHEN DIFFERENT THA OF THE MUNICIPALITY OF RESIDENCE	AN MUNICIPALITY O	FRESIDENCE, IS NOT S	SUFFICIENT.
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The	435	FORD Fredding	3(3)	Town Village City	12 6 1/2 V
Lin	282	Grenda (1 5142 3 Mile Rd	0)	/illage /	lale 72/10
Samp	Harfun		126	Illage Raymo	one 6/22/1
5779		Fankville, UI	53/26 00	<del>````````</del>	1 6/22/
1 K Ath	y flamaci	7-RANKLIA	W/ 571320	· · · · · · · · · · · · · · · · · · ·	lin 6/22/
Nely	w Stussin	Franklen W	4. 531 <i>52</i> .□c	llage Frankl	in 6/22/10
9. Voi	DHace	Francin W. 5	3132 00	liage Frank	1.N 6/22
10. May	ven Ross	Franklin, W	1 36 87	lage To	2in 6/20
	IAM TITUCKET	(Name of circulator)	<del></del>	, cer	tify:
. WILL		م ارسران برور س			
	Circuit this nomination paper and persons to represent 1 know that	ulator's residence Include number, street anally obtained each of the signatures are ach person signed the paper with fund to support this candidate. I am aw	on this paper. I kn		

212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov\_Email:\_gab@wi.gov Page No. 89

07/18

_	NOMINAT	ION PAPER FOR PA	RTISAN	OFFICE	
Condidate's name: Bill Tucker	Street, fire, or rural route number; bos number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for vising		OFFICE	
Name of municipality for <u>nailing p</u> urposes New Berlin	State WI	zip code:	Type election x genera	of Election date  November 2, 2010	Name of Party or Statem Principle (5 words or less) Independent
itle of office Congress	District or Jurisdiction  District number lst  Jurisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin			
any other candidate	ting the party or statement of princip eligible to vote in the jurisdiction of e for the same office at this election. IE MUNICIPALITY USED FOR MAILING F THE NAME OF	uistret in which the candidate na	med above s	eeks office. I have not si	gned the nomination pap
SIGNA	TURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	or fire no.	MUNICIPALITY OF RES	
1 Janes	hund	1535 LENSINGTON	14V C	□ Town □ Village □ Copolity □ FROM	sthir 6/22/1
2 Tus		838 Valley View	QΛ	C) Town	mbein 6/72/
gurde	wille	133 Greenway,	ane.	Town Village Greens	,
Gende	1 Mullock 3	5402 Rainbow		O Town O Village O City	date deel
(5.	Il hours 7	157 Woodbury	0/_	O Town O Village O City Trank	elin (/22/
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Stanta	andi 3	991 So 96	10	O Town O Village - RANK	20 6/23/
10. Mh h	June 8	GOLA W. Loomis	Ka	Town Village Franklin	6/23/
•	20 MARALISTER	CERTIFICATION OF CIRCUL  (Name of circulator)  USAU NEW BET 's residerice - Include number, street,	es d		ify:
personally circulated to	his nomination paper and personally seeks to represent. I know that each	obtained each of the signatures or	his paper.		

GAB-168 (Rev. 09/2009) This form is prescribed by:

19) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. d by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. 8ox 7984

Madison, WI 53707-7984 608 266-8005
<a href="http://qab.wi.gov">http://qab.wi.gov</a> Email: gab@wi.gov

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•	Nominat	ION PAPER FOR PA	DTICANA	Orrice	
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· · · · · · · · · · · · · · · · · · ·	12520 MacAlister Way	☑ City		-	
laute of immicipality for miling purposes Vew Berlin	State	zip code <sup>.</sup>	Type ( election	of Election date	Name of Party or Statement Principle (5 words or less)
tow Berlin	WI	53151	x general	November 2, 2010	Independent
tle of affice Ongress	District or Jurisdiction  District number lst Jupisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin			
candidate represen listed above. I am any other candidate	request that the candidate, whose mating the party or statement of principeligible to vote in the jurisdiction or e for the same office at this election.  HE MUNICIPALITY USED FOR MAILING FOR MAILING OF THE NAME OF	ole indicated above, so that voters district in which the candidate na	will have the amed above se	opportunity to vote for teks office. I have not si	□ him or □ her for the off gried the nomination paper
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo	ROUTE	MUNICIPALITY OF REI	SIDENCE DATE OF
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reside at _/25.	IAM TITUCKER	CERTIFICATION OF CIRCUITY  (Name of circulator)  - WAY, NEW BE 's residence - Include number, street,			tify:
ir district the candidate	this nomination paper and personally e seeks to represent. I know that eac spective residences given. I intend to	obtained each of the signatures o	n this paper. I	know that the signers ar	adlaatad aaaaalta bia aa ba
<i>\^\23</i> ,	/2010	•		X Just	ee .

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
http://qab.wi.gov Email: gab@wi.gov

•	Nomina	TION PAPER FOR PA	DTIGAN.	Price	
Candidate's name;	Street, fire, or rural route number; I		I I I I I I I	FFICE	т
	number (if rural route); and name street or road	of purposes		٠.	
Bill Tucker	Street (ir road	☐ Town ☐ Village			
	12520 MacAlister Way	⊠ Cify			
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Name of immicipality for mailing purposes	State	zip code	Type of	Election date	Name of Party or Statement of
New Berlin			election	ĺ	Principle (5 words or less)
	WI	53151	general	November 2,	1, , ,
	;		x general	2010	Independent_
Title of office	District or Jurisdiction	Name of jurisdiction or district			<u></u>
Congress	☑ District numberlst	in which candidate seeks office	-		
	☐ Jugisdiction (county)	Wisconsin 1 <sup>st</sup>			
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candidate represer listed above. [ am	iting the party or statement of prin	ciple indicated above, so that voters or district in which the candidate na	will have the or	apartunity to vote for l	Dhim on Dhun for the office
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I. /19,24	IAM T. TUCKET	CERTIFICATION OF CIRCUL	ATOR	~	ai tro
		(Name of circulator)		/	tify:
I reside at/25	20 MACALISTE	TR WAY NEW 5	ERUN	,	
	this nomination paper and personal	alor's residence - include number, street, ally obtained each of the signatures or each person signed the paper with full to support this candidate. I am awai	h lhis paper. I k	now that the signers ar	
Wis. Stats,	3/2010			the Time	Ole -
(Date)		- 		(Signature of circul	lator)
GAB-168 (Rev. 09/2009) This form is prescribed by	The information on this form is required f. Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> F P.O. Box 7984			Page No	o. 97
	Madison, WI 53707-7984 608 266 http://qab.wi.gov/ Email: gab@wi.g			. در د	
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,	NOMENAT	ION DARED FOR DA			
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting purposes  Town Village  City	RTISAN.	OFFICE	
dame of municipality for mailing purposes New Berlin	State WI	zip code- 53151	Type election	Election date  November 2, 2010	Name of Party or Statement Principle (5 words or less)  Independent
tle of office Ongress	District or Jurisdiction  District numberlst  lupisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
listed above. I am any other candidate	request that the candidate, whose nat ting the party or statement of princip eligible to vote in the jurisdiction or e for the same office at this election.	le indicated above, so that voters district in which the candidate na	will have the med above se	opportunity to vote for leeks office. I have not si	☐ him or ☐ her for the offi gned the nomination paper
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10. Kare	ntluk 1	9188 Colar Ac	<u> </u>	Trown Strate Transition	ey 6/20%
reside at	AU T. TUCKER  Circulator  this nomination paper and personally	s residence - Include number, street,	and municipall	er cand;	nity: dode portio
ame. I know their res	e seeks to represent. I know that each spective residences given. I intend to	n nerson sinnen ine naher with toli	knowledge of	Fite contant on the data t	

(Date)
GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.
This form is prescribed by:
Government Accountability Board
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Madison, WI 53707-7984 608 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov

Page No. //5

(Signature of circulator)

	Nomina	TION PAPER FOR PA	RTISAN.O	FFICE	
Condidate's name: Bill Tucker	Street, fire, or rural route number; b number (if rural route); and name street or road  12520 MacAlister Way	ox Name of municipality for voting			
Name of immicipality for mailing purposes New Berlin	State WI	zip code	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District anumber 1st  durisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st			
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sign,	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box 2027 EMERY	ROUTE or fire no.	MUNICIPALITY OF REI Indicate Town, Villag	
2 Vice	in Phy	East Trawa WAST Trawa	~ N = D	Village CEST (* Fown Village EASY (* City EASY (*)	101 6/29/10
3. /		17966 State Ro	od 120 0	Town	

□ Village
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City EAST TRO ☐ Town ☑ Village ☐ City Cost In □ Town li⊒≫filage □ City 8. ☐ Village □ City ☐ Town
St Village
☐ Cily 9. ☐ Town **₩**(Village City CERTIFICATION OF CIRCULATOR certify: (Name of circulator) 13 TER WHY NEW BERLIN (Circulator's residence - Include number, street, and municipality.) WAY NEW BARLIN I reside at 12020 I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats. 124

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wł.gov (Signature of circulator)

Page No. /20

	Nominati	ON PAPER FOR PAI	orra est O		M	
Condidate's name: Bill Tucker	Street, fine, or notal route number; box number (il rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting purposes  Town Village City	KIISAN-Q	FFICE		
Name of municipality for mailing purposes  New Berlin	State WI	zip code:	Type of election	Election date  November 2, 2010	Name of Pany or Principle (5 words of Independent	
ide of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>		·		
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KOMI	e Donne	ERTIFICATION OF CIRCU	0.0	Village CAST	rox 60	27-10
I, MATTHER I reside at 125	MITUCKER	(Name of circulator)  -WAY NEW BSS residence - Include number, street,			tify:	
or district the candidat	(Circulators) this nomination paper and personally of a seeks to represent. I know that each spective residences given. I intend to seek	obtained each of the signatures of the paper with full	n this paper. I k	now that the signers ar	re electors of the jur	ie ar her
(Date)	The information on this form is required by §	& 8 15 8 20 8 50 Wife CV		(Signature of circu	lator)	<del>-</del>
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	HOMILIA	TION PAPER FOR PA	RTISAN.Q1	FFICE	1
andidate's name: Bill Tucker	Street, fire, or rural route number; be number (if rural route); and name of street or road  12520 MacAlister Way		·		
once of inunicipality for	State	xip code.	Type of	Election date	Name of Party or Statement of
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	AM T. TUCKER TO MACALISTER	(Name of circulator)	ATOR	, cer	tify:
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This form is prescribed by:

Information on this form is required by §§. It Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov\_Email: gab@wi.gov

Page No. /22

·	Nominati	ON PAPER FOR PA	rtisan.C	FFICE	`
Candidate's name; Bill Tucker	Street, fire, or raral route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village 図 City			·
laute of inunicipality for	State	zip code·	Typė of election	Election date	Name of Party or Statemen Principle (5 words or less)
New Berlin	WI	53151	x general	November 2, 2010	Independent
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Town Village □ City STOWN ☐ Village ☐ Cily own O Village City CA57 CERTIFICATION OF CIRCULATOR certify: (Name of circulator) I reside at 12520 MARALISTER

5312

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware trial falsifying this certainties in punishable under §12.13(3)(a), Wis. Stats.

(Circulator's residence - Include number, street, and municipality.

6/29/2010

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

alwona

☐ Village ☐ City

☐ Town Village

City

Page No. 123

6/20/10

	NOMINATI	ON PADED FOR DAT	TOTAL AT A	Opprove		1
Candidate's name;	Street, fire, or rural route number; box	ON PAPER FOR PAI	KIISANA	OBEICE .	Τ	
Bill Tucker	number (if rural route); and name of street or road	purposes  Cown Village		•		
	12520 MacAlister Way	⊠ City				
Name of municipality for <u>mailing purposes</u> New Berlin	State	zip code	Typé c election	Election date	Name of Party or State Principle (5 words or les	
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I,W12	LIAM TITUCKOR	ERTIFICATION OF CIRCUI	LATOR	, се	rtify:	 . ^
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	Madison, WI 53707-7984 608 266-80 http://qab.wi.goy Email: gab@wi.gov	US				0

·	Nomina	TION PAPER FOR PAI	RTISAN.O	FFICE	
andidate's nome; Bill Tucker	Street, fire, or rural route number; be number (if rural route); and name a street or road  12520 MacAlister Way	Name of municipality for voting			
lance of municipality for mailing purposes New Berlin	State	zip code 53151	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)
le of office Ongress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 st			
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y: Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

Page No. 11/2

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Bill Tucker  1252  Jame of municipality for state will be a purposes  Jew Berlin  Jithe of office District ongress  I, the undersigned, request candidate representing the listed above. I am eligible any other candidate for the	tor Jurisdiction  addition (county)  that the candidate, whose in party or statement of princito vote in the jurisdiction to vote in the jurisdiction (same office at this election (PALITY USED FOR MAILING THE NAME OF	purposes   Town   Village   Village   Town   Village   Town   Town   Village   Town   Town   Village   Town   Town   Village   Village	Type of election  x general  ict cc st  ove, be placed on the oter will have the oter named above see	Election date  November 2, 2010  c ballot at the election opportunity to vote for ks office: I have not si	☐ him or ☐ her for the offi igned the nomination paper
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(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

Government Accountability Board
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Madison, WI 53707-7984 608 266-8005
http://gab.wi.gov

(Signature of circulator)

Page No. 168

<del></del>	NOMINAT	TON PAPER FOR PA	RTISAN.	OFFICE		
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aute of municipality for alling purposes	State	zip code	Type o election	f Election date		arty or Statement words or less)
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This form is prescribed by:

e information on this form is required by §§. It Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

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· · · · · · · · · · · · · · · · · · ·	Nomina	TION PAPER FOR PAI	RTISAN <sub>O</sub>	FFICE	
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lew Berlin	WI	53151	x general	November 2, 2010	Independent
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personally circulated or district the candidate name. I know their re	this nomination paper and person	lator's residence. Include number, street, ally obtained each of the signatures o each person signed the paper with ful d to support this candidate. I am awa	n this paper- kn	Tow that the signers a	ladioatad annosità bis as bar
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io proseriood 0)	212 East Washington Avenue, 3 <sup>rd</sup> P.O. Box 7984 Madison, WJ 53707-7984 608 26 http://qab.wi.gov Email: gab@wi.g	66-8005		Page No	0. ///

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Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way				
Name of municipality for nailing purposes	State	zip code	Type of	Election date	Name of Party or Statement of
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ı, <i>N</i> ı	WIAN T. TUCK	CERTIFICATION OF CIRCUL		; cert	tify:
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I personally circulated to district the candidate name. I know their res Wis. Stats.	this nomination paper and personally a seeks to represent. I know that each pective residences given. I intend to	obtained each of the signatures on	this paper. I kao	withouthe signers are content on the date in is certification is punis	e electors of the jurisdiction dicated opposite his or her shable under \$12.13(3)(a),
(Date)	Chainfarmallan co M. form			(Signature of circula	ator)
GAB-168 (Rev. 09/2009) This form is prescribed by:	The information on this form is required by a Government Accountability Board 212 East Washington Avenue, 3rd Flooi P.O. Box 7984 Madison, WI 53707-7984 608 266-80 http://gab.wi.gov Email: gab@wi.gov	r .		Page No	. 1/2

	Nominatio	ON PAPER FOR PA	RTISAN <sub>2</sub> O	FFICE	
Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City			
None of municipality for mailing purposes  New Berlin	* State  WI	zip code: 53151	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  Lupisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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any other candidate for the same office at this election.

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WILLIAM TO TUCK	CERTIFICATION OF CIRCULATOR	, certife:	1-71

(Circulator's residence - Include number, street, and municipality.) I personally circulated this nomination paper and personally obtained each of the signatures on this paper. Know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984

Madison, WI 53707-7984 608 266-8005 http://qab.wi.gov Email: gab@wi.gov

(Signature of circulator)

Page No. 114

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	Nomina	TION PAPER FOR PAI	RTISAN.	OFFICE	<del> </del>	
Candidate's name: Bill Tucker	Street, fire, or rural route number: b mumber (if rural route); and name street or road  12520 MacAlister Way	Name of municipality for yoting				
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type o election	November 2,		rty or Statement words or less)
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·	IBM T. TUCKER	CERTIFICATION OF CIRCUL		, cei	tify:	
I personally circulated or district the candidat	this nomination paper and persona e seeks to represent. I know that e	way, Note Best of the signatures of the signatures of the paper with full to support this candidate. I am a way	and municipality of this paper.	know that the signers ar	ndicated anno	seita hie or ha
(Date) GAB-168 (Rev. 09/2009)	The Information on this form is required	- by §§. 8.15, 8.20, 8.50, Wis. Slats.		(Signature of circu	lator)	
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ill Tucker    Street or road   Town   Village   Type of election date   Name of Party or Statement of election   Village   Vince Principle (5 words or less)						<u> </u>	<u> </u>	
Ill Tucker  Steet fine, our road roade anaber, box number of throad roade; and same of steet or road.  12520 MacAlister Way  State 12520 MacAl		Nominat	TON PAPER FOR PAI	RTISAN.O	FFICE	**************************************		
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District another_lat	on Bernin	WI	53151	x general		Indepen	dent	
I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for \$\text{O}\$ into \$\text{O}\$ in \$\text{D}\$ in \$\text{in of the officited above}. I may eight to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper on yother candidate for the same office at this election.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  SIGNATURES OF ELECTORS  STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  2. The address must also include box or fire no.  3. Put and address must also include box or fire no.  1. Put and address must also include box or fire no.  2. The address must also include a put and address must also	ile of office ongress	☑ District numberlst	in which candidate seeks office	-				
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I reside at /2520 MACAUSTER WHY NEW BERLIN  (Circulator's residence - Include number, street, and municipality.)  I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am awaye that falsifying this certification is punishable under §12.13(3)(a), whice State	(Date) GAB-168 (Rev. 09/2009)		y §§. 8.15, 8.20, 8.50, Wis. Stats.		(Signature of circu	ilator)		-
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	didate's name: Tucker	Street, fire, or rural route number; number (if rural route); and name street or road  12520 MacAlister Way	box Name of municipality for yoting	·	, Trice			
<u>maili</u>	o of municipality for the purposes v Berlin	State	zip code 53151	Type of election	Election date  November 2, 2010		Party or Statement of words or less)	of
Title Con	of affice gress	District or Jurisdiction  District number Lst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>					
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(Name of circulator) I reside at 12530 MACALISTON WAY, NEW BERNA (Circulator's residence - Include number, street, and municipality.) I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its centerion the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that (alsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

CERTIFICATION OF CIRCULATOR

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

WILLIAM T. TUCKER

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

Page No. 87

, certify:

	w. T					!
·	Nominati	ON PAPER FOR PAI	RTISAN <sub>1</sub> O	FFICE		
Candidate's name;	Street, fire, or rural route number; box number (if rural route); and name of	Name of municipality for <u>voting</u> purposes	,			
Bill Tucker	street or road	☐ Town ☐ Village	· .	}		
	12520 MacAlister Way	⊠ City		·		
Name of municipality for nailing purposes	State	zip code-	Type of election	Election date	Name of Party or State Principle (5 words or les	
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tle of office ongress	District or Jurisdiction    District number _ lst   Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st				
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I, the undersigned,	request that the candidate, whose nar	me and address are listed above, I	be placed on the	ballot at the election	described above as a	
candidate represen listed above. I am	ting the party or statement of principl eligible to vote in the jurisdiction or a e for the same office at this election.	le indicated above, so that voters	will have the or	portunity to vote for l	him or her for the	e office aper o
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I reside at	520 NAC ALLEGA	(Name of circulator)	BERL	./		
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This form is prescribed by:	<ul> <li>Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984</li> </ul>			Page No	D. 83	
	Madison, WI 53707-7984 608 266-800 http://gab.wi.gov Email: gab@wi.gov	05			`	

	Nominati	ION PAPER FOR PAI	OTTC A AT	OFFICE	<u> </u>
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City	XIIOAIV:	OFFICE	
Name of inunicipality for mailing purposes  New Berlin	State WI	zip code 53151	Type delection	November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  gaskdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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	212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-80 http://qab.wi.gov Emall: gab@wi.gov			Page No	D. 80

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Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City	·		
Name of municipality for mailing purposes New Berlin	State WI	zip code	Type of election	Election date  November 2,	Name of Party or Statement of Principle (5 words or less)
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Title of office Congress	District or Jurisdiction  District numberlst lapsdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>		·	·
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Candidate's name; . Bill Tucker	Street, fire, or rural route number; box number (if roral route); and name of street or road  12520 MacAlister Way		RIISAN	OFFICE.		
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This form is prescribed by:	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-800 http://gab.wi.gov Email: gab@wi.gov	15		Page No	0.4

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andidate's nanc; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for yoting			
ame of immicipality for ailing purposes	State	žip code	Type of election	Election date	Name of Party or Statemen Principle (5 words or less)
lew Berlin	· WI	.53151	x general	November 2, 2010	Independent
lle of office Ongress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>	-		
candidate represer listed above. I am any other candidat	, request that the candidate, whose na nting the party or statement of princip eligible to vote in the jurisdiction or the for the same office at this election.	le indicated above, so that voters district in which the candidate na	will have the op med above seeks	portunity to vote for to soffice. I have not si	☐ him or ☐ her for the ofi gned the nomination paper
	THE NAME OF T	THE MUNICIPALITY OF RESIDENCE A	MUST ALWAYS BE	LISTED.  MUNICIPALITY OF RE	
1. 0		Rural address must also include box	or fire no,	ndicate Town, Villag	
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2. Luis	Thomas	14205 Len	- <u></u> 0	Fown Village City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Butin 6/19/10
3. Div	WH AKALI	1385 5. KI	+HAIRS	Town	211in / 19/
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	LIAM J. TUCKER	CERTIFICATION OF CIRCUI		, ce	rtify:
or district the candidat	(Circulator this nomination paper and personally e seeks to represent. I know that eac spective residences given. I intend to	n nerson sloped the paper with full	l trouladae of ite	row that the signers at	adioasad aanaaita bia as ba
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	P.O. Box 7984  Madison, WI 53707-7984 608 266-80  http://gab.wi.gov Email: gab@wi.gov			Page No	<i>y. ()</i>

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	Nominat	TON PAPER FOR PAI	RTISAN	OFFICE	**************************************	#
Candidate's name; Bill Tucker	Street, fire, or rural route number; bo: number (if rural route); and name o street or road  12520 MacAlister Way	Name of municipality for voting				
Name of municipality for <u>nailing p</u> uposes New Berlin	State WI	zip code: 53151	Type of election	November 2, 2010	Name of Party or Stater Principle (5 words or less Independent	
ide of affice Congress . I, the undersigned,	District or Jurisdiction  District number	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st	ne placed on t	he ballot at the election o	lescribed above as a	
any other candidat	eligible to vote in the jurisdiction o e for the same office at this election He municipality used for mailing The name of Atures of electors	•	MUNICIPALITY JUST ALWAYS	OF RESIDENCE, IS NOT SELISTED.	SUFFICIENT.  SIDENCE DATE O	F
1. Micha	IV. Sovetor	21521 W. DAKCA	ECTON	Indicate Town, Villag		
2. E'ller	Ilompon	15900 W. Re New Berlin	noer	□ Town □ Village □ City  □ City	rlin 419(	1/4
3. Amby	Matelle 1	385. 9and 5tr Milwanku WI 536		□ Town □ Village Scity ////	yes 4/19/10	
4. Todi	Kiel 3	1210 Stand New Keelin WI	2000	□ Town □ Village  X Cily	in 6/19/12	3
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6. Dwen	rlarlley =	5885 S. Vinta ! New Berlin, WI		O Town O Village O City	rlen 6-19_	ы
7 Home	a smile last	Now 12 Houtand	<del>" / [[</del> 257-]	□ Town □ Village ☑ City No. 1 Pox	-/1 6-19-it	6-

6 19 4 CERTIFICATION OF CIRCULATOR \_, certify: (Name of circulator) (Circulator's residence - Include number, street, and municipality.) I reside at

NEW BERLIN

W. PARLCENTEAL

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I knew that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I amenave that faisifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)

10.

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madlson, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

☐ Town ☐ Village **Q**∕City O Town □ Village 9-Gily Town

City\_

	Nominat	TON PAPER FOR PAI	RTISAN/O	RRICE	
Candidate's name: Bill Tucker	Street, fire, or rural route number; bos number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type of election	November 2, 2010	Name of Party or Statement Principle (5 words or less)  Independent
ide of affice Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st			
candidate represer listed above. I am	, request that the candidate, whose noting the party or statement of princi- eligible to vote in the jurisdiction of the for the same office at this election	iple indicated above, so that voters or district in which the candidate na	will have the op	portunity to vote for	☐ him or ☐ her for the offi
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SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RE Indicate Town, Villag	
1. 901	in Perpus	NEW BERLING	11535	Town Village NEW L City	BERLING-15-10
2. Ban	ola Packer.	New Berlir	) "	Town Village New B City	erlin 6-15-6
3. Kjin	Eckharat F	9777 W. St. St Franklin w	ACOUNT LAND	Town Village City WAU	in W1 6-15-4
1 wen	leveline	34475. Sunny	0	Town Village Alw B	erlin 6-15%
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6. Just	in Beatonte	3030 Smookland New Berlin h		Fown Village City MOW (	3erun 6 15
7. Mat 3	)dt nc.jacy	15950 W Heatherly Dr Yew Berlin WI		Fown Village City <i>New Ser</i>	-UN 615-10
8. Jen	ehmann 1	Vern Berlin, h	ST B	rown Village CityNew Bt	Win 6-15-1
milh	K. Vell	VAMESHA, W		own Mage WAVK	KS 140 6-15-1
10. Jug	Junele	4125 S. KATHER NEW BERLIN S	VIVE OI	own Hlage NEW BE City NEW BE	ecin 615.10
I, W 10	CLIAN TITUCKE	CERTIFICATION OF CIRCU (Name of circulator)	LATOR 	, се	ertify:
I reside at I personally circulater or district the candidate name. I know their re Wis. Stats.	d this nomination paper and personal seeks to represent. I know that easpective residences given, I inlend	tor's residence - Include number, street lly obtained each of the signatures of ach person signed the paper with fu to support this candidate. I am aw	, and municipality	now that the signers a	ire electors of the jurisdiction indicated opposite his or he nishable under §12.13(3)(a)
(Date				(Signature of circ	ulator)
	) The information on this form is required by: Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> F P.O. Box 7984	loor ·		Page N	0. 4/
	Madison, WI 53707-7984 608 266 <u>http://gab.wi.goy</u> Email: gab@wi.go			_	+ 11A

Page No. 4/

	Nominati	ON PAPER FOR PAI	RTISAN.(	FFICE		·····
andidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City				
	12520 MacAlister Way	e Cny			}	
ance of municipality for saling purposes lew Berlin	State	zip code	Type of election			rty or Statemen words or less)
ton Boring	WI	53151	x general	November 2, 2010	Independ	lent
tle of office Ongress	District or Jurisdiction  District number1st  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st			414-	-573 64
candidate represer listed above. I am any other candidat	prequest that the candidate, whose nating the party or statement of principeligible to vote in the jurisdiction or e for the same office at this election.	ole indicated above, so that voters district in which the candidate na	will have the omed above see	opportunity to vote for the office. I have not single of residence, is not seen the opportunity of residence, is not seen the opportunity of the o	inim or Q I	her for the of
SIGN	ATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE I STREET & NUMBER OR RURAL Rural address must also include box	ROUTE	MUNICIPALITY OF RE		DATE OF
1.	Ine Atlenter	5200 So. M.	7177	□Town □Village UB □City		6/15/10
2. Artha	EAngove 20	2150/ W. Goveland Now Bestin, W	F2111	Town Utillage	(	6/15/1
3.	Rollralt !	1300 w. Hory	<del></del>	Town Uillage Cily		4/15/
4. arthun	Dolutra	7510B.W. Clevela 7.	· · · · · · · · · · · · · · · · · · ·	Town <b>New/Ren</b> O Village O Cily	line	6/16/12
5. Jua C	Mantei	176W5770Connt		Town MEMMIDING	e tals)	6/1410
6.	3	Verberlin UI S		Town Village White W	tr	6-16-10
7.	are	216A RIDGE DR BAST TROY WIS	<del> /  </del> 9	O Town Styllage AST 7/10 O Cily	roy	6-16-10
8. 11. 2	idnig 3	Thank lin WI	M. LOWING	Trown Divillage Acity Frank	chi !	6-16-1
9. N. C	4	0/00 5 WIndsor		Town I Village CAKCV-4	u	9-16-20
10. Odan	1 (Ven	8549. S. 36th		Town Village Kily (Vav	Elin	6-16
I, WILL		CERTIFICATION OF CIRCU (Name of circulator)		, ce	ertify:	<del></del>
I reside at /25	(Circulate	WAY, NEW 387 or's residence - Include number, street	, and municipali	• •		
or district the candida name. I know their re	d this nomination paper and personall ate seeks to represent. I know that ea espective residences given. I intend t	ch person signed the paper with fu	ili knowledge o	fits content on the date	indicated opp	osite his or l
Wis. Stats.	6/200				- 1	

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madison, WI 53707-7984
608 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a>
Email: gab@wi.gov

<del> </del>	NOMINATI NOMINATI	ON PAPER FOR PA	rtisan.C	FFICE		l
Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes    Town   Village				
	12520 MacAlister Way	⊠ City				
Name of municipality for mailing purposes	State	zip code	Type of election	Election date		arty or Statement (
New Berlin WI	WI	53151	· x general	November 2, 2010	Indepen	dent
Title of office Congress	District or Jurisdiction  District numberlst Unsistliction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
candidate represent listed above. I am e any other candidate	request that the candidate, whose nating the party or statement of principeligible to vote in the jurisdiction or for the same office at this election.  E MUNICIPALITY USED FOR MAILING P	le indicated above, so that voters district in which the candidate n	will have the o nned above see	pportunity to vote for Uks office. I have not si	☐ him or ☐ gned the not	her for the offic
		THE MUNICIPALITY OF RESIDENCE			OUFFICIENT.	
SIGNA	TURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo		MUNICIPALITY OF REI		DATE OF SIGNING
1 Lauro	u A Dobet F	1517 RyGreen 1 Tanklin Wis3		Town Village Cily	LIN	6-16-0

City FRANKLIN (e-/6-10 O Town O VIllage NEW BERLIN 2515 5 /34-2h ST ☐ Town ☐ Village ☐ Cily 6/17/1 N eus zeella iew Berlin, WI 53151 □ Town U Villa ☐ Town☐ Village☐ City new Berlin ☐ Town ☐ Village ☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Village ☐ Cily ☐ Town ☐ Villag City

	<b>O</b>	CERTIFICATION OF CIRCULATOR	
1,	WILLIAM T. TUCKER		_, certify:
		(Name of circulator)	- ,
I reside at	12520 MAE ALISTO	RWAY, NEW BERLIN	
	(Circu	ulator's residence - Include number, street, and municipality.)	

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its centent on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)

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(Signature of circulator)

Page No. 47

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·	Nominatio	ON PAPER FOR PAI	RTISAN OI	FICE	
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City			
Name of municipality for mailing purposes  New Berlin	State WI	zip code	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words of less)  Independent
Title of office Congress	District or Jurisdiction  District number 1st 1  Quistrict number 1st 1	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
	- E-10-10-10-10-10-10-10-10-10-10-10-10-10-				

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for 🗆 him or 🗅 her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPÁLITY USED FOR MÁILI THE NAME	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	TY OF RESIDENCE, IS NOT SUFFICIENT. IS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. Patry Koeurs	12241 w. Hort	Drown Ullage Racily Wolt alls	6/13/0
Derone That	14250 WHO WAY	Trown Wew Derlyn	1/2/10
David Replind	13505 W. Green Meude New Berlin WI 53151	Scity New Berlin	6/13/1
Terrence alway	NEW BERLININI 53/57	O Town O Village Decily New Berlin	6/13/10
Jenny Olson	New Per Kn W1525	O Town O Village OCITY O TOWN	613l
Paul Schafest	13780 WIOFINE	D Town U Village	: 6-1
Cloric Roga	3618 5 141	o Town o Village o City o Bale	4/12
A Ty Bu	TE	☐ Town ☐ Village ☐ City	
Sommittalkcho	3986 S. Sunnyslope Red	Drown Vew Berlin	6/13/1
DeMuller	1960 Sun Valley De	O Town O Village City Hew Bear / i	6-13-1
MITHEN M. TUCK	CERTIFICATION OF CIRCULATOR (Name of circulator)	, certify:	

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

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(Signature of circulator) Page No. 3/

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-	Nominat	TION PAPER FOR PA	PTISAN.	) FFICE		$\perp$
Candidate's name: Bill Tucker	Street, five, or rural route number; be number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for much		, I		
Name of municipality for mailing purposes New Berlin	State WI	хір code-	Type of clection	Election date  November 2, 2010	Name of Party or St Principle (5 words or Independent	
Title of office Congress	District or Jurisdiction  District numberlst lagisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
listed above. I am any other candidat	request that the candidate, whose n sting the party or statement of princi eligible to vote in the jurisdiction of the same office at this election.	r district in which the candidate na	will have the o	pportunity to vote for Uses office. I have not sign	☐ him or ☐ her for t gned the nomination	
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SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL F Rural address must also include box	ROUTE or fire no.	MUNICIPALITY OF RES	BIDENCE DATE	
1. Flor	y Cine	6806 SANDY LAN		Town Village City WATERFO	./	,
2. Vale	Mojdel	N209510549 Val Dive		Town Willage City MUSK	•	10
3. Ashle		SULVE		Town Village MUSKE	1	4.10
4. Elizabeth	halem Lumb	33W28474 Wern Way	<del>  </del> a	Town Village Genesee	6-14	-10

☐ Town ☐ Village ☐ Cily 10. C) Town Cily CERTIFICATION OF CIRCULATOR , certify: (Name of circulator) I reside at CR WAY, NEW BERLY (Circulator's residence - Include number, street, and municipality.) I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her Wis. Stats.

AIR DAKS

727 Cottonwood (n

Waterferd

BAY W15319

□ Town City □ City

☐ Town ☐ Village City

□ Town □ Village □ City

Strillage Waterford

(Date)

9.

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

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(Signature of circulator)

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Page No. 32

•	Nominati	ION PAPER FOR PAI	RTISAN.O	FFICE		ī
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting				
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type of election	Election date  November 2,	Name of Party or Stateme Principle (5 words or less)	ent of
Fifle of affice Congress	District or Jurisdiction  District numberlst  Lugisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>	x general	2010	Independent	
candidate represen listed above. I am	request that the candidate; whose na ting the party or statement of princip eligible to vote in the jurisdiction or e for the same office at this election.	le indicated above, so that voters	will have the or	portunity to vote for l	🗆 him or 🗀 her for the o	ffice er of
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SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF REI		
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2.	ha !	2621 W. Syphia	nd 12000	Town Village New B	Serlis Lpy	
3/ FM	X 1	2621 h Sycam	<u>re C                                   </u>	Town Village City	Serlin 6/12/1	_
4.		1600 W. Sy. C	o	Town Village \\ ) \LU	Bertolix	A
- 5 AX		185W183A4 Mmo Fallo		Town W. Strange City M.	teo Fam Olic	
6.	The air	re Meno. Palk	<u> </u>	Town Village City WW Ser	lin 6/3/	6
1 ma	Pudeshi a	3 fa) (v. Green'h New Be Mir	CA CO	Town Village Wurbe	m/su 4/9/10	
8. Oleh	J. Plesife 1	4114 W. Hilly Cred New Baskin	, <u>oʻ</u>   p /	rown Village New Be	elen 6-13-10	
9. amie	fori 1	4120 maple li		rown Village Rew Be Cily	elen 6-13-10	
10 Mick	homen 1	1535 Danie		Town Village City Wew B	enin 4/13/1	
I, MATTER	EW M. TUCKE	CERTIFICATION OF CIRCUI	LATOR	, cei	rtify:	-1
I reside at 125		rs residence - Include number, street,				
or district the candidal	this nomination paper and personally e seeks to represent. I know that eac spective residences given. I intend to	th person sloped the paper with ful	ll knowledne of it	's content on the data i	indicated appareits his or t	) GC
(Date)	The Information on this form is required by	\$6 8 15 8 20 8 50 Wile Clare	Me	(Signature of circu	ilator)	_
This form is prescribed by		or		Page No	0.29	
	http://gab.wi.gov Email: gab@wi.gov	<b>,,,,</b>				

	Moreoven		~			
Candidate's name;	_	ION PAPER FOR PAI	RTISAN	FFICE		
Candidates name;	Street, five, or rural route number; box number (il rural route); and name of	1				
Bill Tucker	street or road	☐ Town ☐ Village	ł			
	12520 MacAlister Way	⊠ City				
Name of municipality for	State	zip code	٠. نو	<del> </del>	ļ	
mailing purposes  New Berlin		χιρ code.	Type of election	Election date	Name of Party or State Principle (5 words or le	
New Deltiff	WI	53151	x general	November 2,	Indonondont	
			x gonorai	2010	Independent	
Title of office Congress	District or Jurisdiction  District numberlst	Name of jurisdiction or district in which candidate seeks office				
Congress	Jugisdiction (county)	Wisconsin 1st		·		ŀ
				<u> </u>		
I, the undersigned,	, request that the caudidate, whose nar	me and address are listed above, I	be placed on the	ballot at the election of	described above as a	
candidate represen	nting the party or statement of principl n eligible to vote in the jurisdiction or o	le indicated above, so that voters	will have the on	mortunity to vote for E	□ him or □ her for the	e office
any other candidat	te for the same office at this election.	DISTRICT HE WINGH THE CANDIDATE HAI	med above seek:	s ornce. I have not sig	gned the nomination p	aper or
Tt	HE MUNICIPÁLITY USED FOR MAILING PO	URPOSES, WHEN DIFFERENT THAN	MUNICIPALITY O	F RESIDENCE, IS NOT S	SUFFICIENT.	-
	THE NAME OF T	THE MUNICIPALITY OF RESIDENCE N	/UST ALWAYS BE	ELISTED.		
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL I Rural address must also include box	1.	MUNICIPALITY OF RES	· I	- 4
10)	900	1323-551hAY		Indicate Town, Villag	1	G
Dan	1 rection 1	7-0- 33- 11-		Village KOWOS	he 6/12	115
( a)	Mari 1	2969 W Below 1	01 0	Town 1/2 12	0.	1
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	212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984			Page No	D.23	
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I, the undersigned, express that the candidate, whose name and address are listed above, be placed on the ballot at the election desurbed above as a condidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for 10 him or 10 her for the of listed aboves. Lam eligible to vote in the principle indicated above, so that voters will have the opportunity to vote for 10 him or 10 her for the of listed aboves. Lam eligible to vote in the party will be a considerable on or district the whole of the sum eligible to vote in the party of the condidate above seeks office. I have not signed the normination paper any other caudidate for the same of five at this election.  THE MANICIPALITY USEP OF RAILING PURPOSES, WHEN DIFFERENT THAN MINICIPALITY OF RESIDENCE, IS NOT SUMPLICIPATION.  THE MANICIPALITY USEP OF RAILING PURPOSES, WHEN DIFFERENT THAN MINICIPALITY OF RESIDENCE, IS NOT SUMPLICIPATION.  SIGNATURES OF ELECTORS  STREET & MUNICIPALITY OF RESIDENCE, IS NOT SUMPLICIPATION.  REPRESENTED TO THE MUNICIPALITY OF RESIDENCE, IS NOT SUMPLICIPATION.  I CAN BE ADMINISTRATION TO RESIDENCE, IS NOT SUMPLICIPATION.  I CAN BE ADMINISTRATION TO RESIDENCE, IS NOT SUMPLICIPATION.  I CAN BE ADMINISTRATION TO RESIDENCE, IS NOT SUMPLICIPATION.  I CAN BE ADMINISTRATION TO RESIDENCE, IS NOT SUMPLICIPATION.  I CAN BE ADMINISTRATION TO RESIDENCE, IS NOT SUMPLING TO THE SUMPLING THE		☑ District number 1st	in which candidate seeks office			
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CERTIFICATION OF CIRCULATOR  I, WILLIAM T. TUCKSR  (Name of circulator)  I reside at 12520 MacALISTED WAY, NEW REPORT  (Circulator's residence - include number, street, and municipality)  I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am alware that falsifying this certification is punishable under §12.13(3)(a).  (Date)  (Signature of circulator)	2. 5	49B	/A:	O Ci	ly US	4/11/10
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212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://qab.wi.gov

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Candidate's name;	Street, fire, or rural route number; box number (if rural route); and name of	Name of municipality for voting purposes	CI ISAIN-C	SELICE		
Bill Tucker	street or road	☐ Town ☐ Village				
	12520 MacAlister Way	⊠ City				
Name of municipality for mailing purposes  New Berlin	State	zip code	Type of election	Election date		arty or Statement of
Now Bernin	WI	53151	« general	November 2, 2010	Indepen	dent
Congress	District or Jurisdiction  District numberlst  Lurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
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	THE NAME OF T	HE MUNICIPALITY OF RESIDENCE N	NUST ALWAYS E	E LISTED.	OFFICIENT.	
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This form is prescribed by:	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-800		`	Page No	.10	

Page No. 10

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Candidate's name: Bill Tucker	Street, fire, or rural route number; bo number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting				`
Name of municipality for <u>mailing</u> purposes New Berlin	State	zip code 53151	Type of election	Election date  November 2, 2010	Name of Party or Staten Principle (5 words or less Independent	
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Bill Tucker	number (if inral route); and name of street or road	Name of municipality for <u>voting</u> purposes  Town Village			
	12520 MacAlister Way	⊠ City			
Name of inunicipality for mailing purposes  New Berlin	State	zip code-	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
New Berlin	WI	53151	x general	November 2, 2010	Independent
Title of office Congress	District or Jurisdiction  District number	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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candidate represen listed above. I am any other candidate	, request that the candidate, whose nam ating the party or statement of principle religible to vote in the jurisdiction or d te for the same office at this election.	le indicated above, so that voters v district in which the candidate nar	will have the op amed above seek	pportunity to vote for C cs office. I have not sig	☐ him or ☐ her for the office igned the nomination paper of
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	Madison, WI 53707-7984 608 266-800 http://qab.wi.gov Email: gab@wi.gov	)5		1	

Page No. 20

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ill Tucker	Street, fire, or rural route number: be number (if rural route); and name street or road  12520 MacAlister Way	Name of municipality for voting				
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or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that (alsigning this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)
GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.
This form is prescribed by:
Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.goy Email: gab@wl.gov

Page No. 26

(Signature of circulator)

	Nominati	ION PAPER FOR PAI	RTISAN <sub>2</sub> O	FFICE	<b>X</b>
ndidate's name; H Tucker	Street, fire, or mral route number; bux number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
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w Berlin	WI	53151	x general	November 2, 2010	Independent
of office ngress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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,w	LLIAM T. TUCK	CERTIFICATION OF CIRCU			ertify:
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(Date)				(Signature of circ	ulator)
SAB-168 (Rev. 09/2009) This form is prescribed b	The information on this form is required to y: Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> FI P.O. Box 7984 Madison, WI 53707-7984 608 266-	oor		Page N	0.37

CERTIFICATION OF CIRCULATOR   Certify:   Colly   Col		Nominat	TION PAPER FOR PAI	RTISAN OI	FFICE		
The undersigned, request that the candidate, whose name and address are listed above, he placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate, representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate, representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes will have the opportunity to vote for C him or D ber for the candidate representing the party or statement of principle indicated above, so that votes have the party or statement of principle indicated above, so that votes have or the no.  1		number (if rural route); and name of street or road	f purposes    Town   Village				
The Month of the Same of the S	nue of municipality for		zip code	Type of	Election date	Name of Party O	Statement o
September   Sept	niling purposes	77/7	52151				
District marker 194		VV1		х general		Independent	
1. The undersigned, request that the candidate, whose name and address are listed above, he placed on the ball of all the election described above as a candidate representing the party of statement of principle indicated above, as that votes will have the appointant to receive the calculation of district in which the candidate named above seeks office. I have not signed the nomination paper my other candidate for the same office at this election.  THE MUNICIPALITY UISED FOR MANILING PURFOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS DE LISTED.  SIGNATURES OF ELECTORS  STREET & NUMBER OF RURAL HOUTE.  BURNING PRINCIPALITY OF RESIDENCE MUST ALWAYS DE LISTED.  SIGNATURES OF ELECTORS  STREET & NUMBER OF RURAL HOUTE.  HIB OWK QUER, WIS 53151  2. WINDER OF CHECK OF SIGNING  1. WINGS OF SIGNING OF CHECK OF SIGNIN		District numberlst	in which candidate seeks office				-,,-
candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for Cli him or lever for the six dabove. I am eligible to write in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination pap any other candidate for the same office at this election.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE MINICIPALITY USED FOR MALI	<del></del>			·			
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALMAYS DE LISTED.  SIGNATURES OF ELECTORS  SIGNATURES	candidate represer listed above. I am any other candidat	nting the party or statement of prine a eligible to vote in the jurisdiction of the for the same office at this election	iple indicated above, so that voters or district in which the candidate na	will have the opposed above seeks	portunity to vote for a office. I have not si	☐ him or ☐ her I igned the nominat	or the offic
Rural address must also include box or fire no.    1.		THE NAME OF	F THE MUNICIPALITY OF RESIDENCE	MUST ALWAYS BE	LISTED.	<del></del>	
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Control   Cont	4.	white -	1707 N 9100pia		VIIIage HAALL IA I	. 6,	46
OAK EREEK LI 54 132 Scilly Collection of 16.16.  7. While I form the signature of circulator)  1. CERTIFICATION OF CIRCULATOR  1. Certify:  CERTIFICATION OF CIRCULATOR  1. Certify:  Collection of circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction rame. I know that respective residences given, I intend to support this candidate. I am aware that falsifying this certification is punishable under \$12.13(3) (Signature of circulator)  CAB-188 (Rev. 09/2009) The information on this form is required by \$§. 8.15, 8.20, 8.50, Wis. Stats.  Collection of the information on this form is required by \$§. 8.15, 8.20, 8.50, Wis. Stats.  Covernment Accountability Board  Covernment Accountability Board  Covernment Accountability Board  Cay 22 East Washington Avenue, 3" Floor  Page No. 45	5. Cary	che Witten	7549 Sylv,	<i>91</i> / 01	Village / Alla	for s	76
Dr. Franking W + 53/132 City  B. WILLIAM CALL DANG COLLATOR  I. CERTIFICATION OF CIRCULATOR  CERTIFICATION OF CIRCULATOR  (Circulator)  I reside at     Continued this nomination paper and personally obtained each of the signatures on this paper.  I personally circulated this nomination paper and personally obtained each of the signatures on this paper.  I know that respective residences given, I intend to support this candidate. I am aware that falsifying this pertification is punishable under §12.13(3)    Covernment Accountability Board Covernment Accountability Boar	6. fully	Site		· ·	Village AC A	EER 6-	16.10
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CERTIFICATION OF CIRCULATOR  [Name of circulator)  I reside at    Circulator   Circulator   Circulator	Lay Inc	rgal 1	Caledonia wi		City CA CON	ia 6	16/14
CERTIFICATION OF CIRCULATOR  I, WILLIAM T. TUCKER (Name of circulator)  I reside at   Circulator's residence - Include number, street, and municipality.)  I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdic or district the cardidate seeks to-represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)  Wis. Stats.  Covernment Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor  Page No. 45	12		50 0 11 1/171 6	53/30	dillagetrack (	\ \ \( \( \text{\sqrt{}} \)	(6/1)
I reside at  (Circulator's residence - Inclide number, street, and municipality.)  I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdict or district the cardidate seeks to-represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this pertification is punishable under §12.13(3)  (Signature of circulator)  GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.  Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor  Page No. 45		la samur	3589 Municy	accept. De	/iliage	delety	26/0
l personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdict or district the candidate seeks to-represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3) Wis. Stats.  (Signature of circulator)  GAB-168 (Rev. 09/2009) The information-on this form is required by §§. 8.15, 8.20, 8.50, Wis. Slats.  Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor			(Name of circulator)			ertify:	
name. I know their respective residences given. I intend to support this candidate. I am aware that faisitying this certification is punishable under § 12.13(3)  Wis. Stats.  (Date)  GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.  Covernment Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor  Page No.	l naraanallu airaulata	d this nomination paper and persons	ally obtained each of the signatures	on this namer. I k	now that the signers	are electors of the	jurisdiction
GAB-168 (Rev. 09/2009) The information of this form is required by §§. 8.15, 8.20, 8.50, Wis. Slats.  This form is prescribed by:  Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor  Page No. 45	name. I know their r	espective residences given. I intend	t to support this candidate. I am aw	rare that falsifying	this certification is pu	inishable under §	12.13(3)(a)
This form is prescribed by: Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor Page No. 45	(Date	a)	Duce 8 15 8 20 9 50 Wil- Clar		(Signature of cire	culator)	
P.O. 8ox 7984 Madison, WI 53707-7984 608 266-8005		by: Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> I P.O. Box 7984	Floor		Page N	10.45	

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	Nomina	TION PAPER FOR PAI	RTISAN	OFFICE	(	<del>}</del>
Candidate's name: Bill Tucker	Street, fire, or rural route number; to number (if rural route); and name street or road  12520 MacAlister Way	xx Name of municipality for voting				
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type of election	November 2, 2010	Name of Party or S Principle (5 words of Independent	
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>51</sup>				
candidate represer listed above. I am any other candidat	, request that the candidate, whose sting the party or statement of print eligible to vote in the jurisdiction the for the same office at this election	<del></del>	will have the med above se	opportunity to vote for Useks office. I have not si	☐ him or ☐ her for gned the nomination	r the offic
		G PURPOSES, WHEN DIFFERENT THAN OF THE MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL Rural address must also include box	MUST ALWAYS ROUTE	BE LISTED.  MUNICIPALITY OF RE	SIDENCE DA	TE OF
1. P.A.	- Hindi	3585 5. Russel O		Indicate Town, Villag  Town Village City Kew Beste		SNING
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5 Carol	Landt Ron D	Muskege Mis	ORALI	City LLA	bego 4/1 RIN 6:19	9/10
6. Jaulin	Shoemaker	4085 Camrose Av. New Berlin, WI	e 53(51	O Town O Village New R	Berlin 6/19	110
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Labruri	a Bykowskir	CERTIFICATION OF CIRCU	incle	O Village 53/8	16 4	9/1
[, Will	LANT TUCKE	(Name of circulator)		,	rtify:	

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

119/2010

(Date)

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov (Signature of circulator)

Page No. 56

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· · · · · · · · · · · · · · · · · · ·	Nominati	ON PAPER FOR PAI	RTISAN (	)ffice	
Candidate's nome: Bill Tucker	Street, fire, or rural route number: box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes  ☐ Town ☐ Village ☑ City			·
Name of municipality for mailing purposes New Berlin	State WI	zip code:	Type of election x general	Election date November 2, 2010	Name of Party or Statement of Principle (5 words or less) Independent
condidate represer	District or Jurisdiction  District numberlst  Jurisdiction (county)  request that the caudidate, whose naroting the party or statement of principle eligible to vote in the jurisdiction or or	le indicated above, so that voters	will have the o	opportunity to vote for C	I him or 🗆 her for the office
any other candidat	te for the same office at this election. HE MUNICIPALITY USED FOR MAILING PO		MUNICIPALITY	OF RESIDENCE, IS NOT S	
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RES	
1. Stem	E. Ontertion C	-1365 W. Rodu		□Town □Village <i>Mow Bi</i> Queily	erlih 6-14-2018
/		alls victory	1	Town Com	tib/ 6/14/1007

	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
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2 June	tolls very	O VINAYE GYCEN FIEL	6/11/1
3. Stabush	3835 So. POHL	UTOWN UVIllage DEN REACH	6/17/0
Junda Maris	3980 S. Caveridish M.	O Town O Village Gerly Pew Berly	6/14/14
Shun Varylin	3055 S. Lountain Square	Dyllage VIII Berlin	6/14/
6. Opnisasin	ADE 12600 WNOTHIN	o Trown In Village Recity New Berlin	6/14/10
7. m. noyee Setty	14143 WiterEyoTral	O Town O Village Secity Lew Derlin	6/14/6
8. Close fets	12930 W Mysh Lan	O Town Village City	614-18
9. Ruhal Klan	3595 S BALCARLA	9 Village Na Bulb	6/1488
mell lines	18235 W. MARLEZIDE	O Town O Village  **Cliy** NEW BEALY**	4/14/10
	CERTIFICATION OF CIRCULATOR		<del></del>

, certify: (Name of circulator) MACAUSTER WAY, NOW BORKIN I reside at 125 20 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this conflication is punishable under §12.13(3)(a), Wis. Stats.

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

	The second secon				
	Nomina	TION PAPER FOR PA	RTISAN.	OFFICE	8
Candidate's nome: Bill Tucker	Street, fire, or rural route number; number (if rural route); and name street or road  12520 MacAlister Way	box Name of municipality for voting			
lauc of immicipality for nailing purposes	State	zip code-	Type o	f Election date	Name of Party or Statemen Principle (5 words or less)
New Berlin	WI	53151	« general	November 2, 2010	Independent
itle of office Congress	District or Jurisdiction  District number 1st	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
candidate represe listed above. I ar any other candida	nting the party or statement of print of print of print of print of print of the same of fice at this election. The municipality used for MAILII	NG PURPOSES, WHEN DIFFERENT THA	s will have the amed above se	opportunity to vote for eks office. I have not si	☐ him or ☐ her for the of gned the nomination pape
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2. Ma	riane Jos	m)3360 F	auiA	O Tolyn O Yillage Wily NB	411/10
3.		359W2229	<del>~()</del>	□ Town □ Village □ City	D WIN
1. War	Lehel	15 100 W Clar		□ Town 8*Village □ City	6/11/1
5.	& Lehd	15700 W. Cler		O Town O Village O City	uln 6/11/1
6. Ve	an Starr	14600 W.F.	Keryson	Town Willage Mew L	Berlin 6/11/)
7. 120	ald I. Serne	19121 W. National	Au	O Town O Village O City O City	cin 6/11/10
8. White	y Sweek	Wind Lake wis		O TOWN O Village Wind L	are copilo
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10. ERE	Louis	S301 S. ANDRAG L	1	Town Village Cally New Box	cm 6/11/10
•,	LIAM T. TUCKET	CERTIFICATION OF CIRCUMANTE OF		, ce	ertify:
or district the candid	(Circ od this nomination paper and perso ate seeks to represent. I know tha	ulator's residence - Include number, stree nally obtained each of the signatures t each person signed the paper with f nd to support this candidate. I\am aw	et, and municipal on this paper full knowledge o	Henow that the signers a	Indicated opposite his or h

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by: Government Accountability Board

aniomation on this form is required by §§. I Government Accountability Board 212 East Washington Avenue, 3'6' Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov

Page No. 19

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		ION PAPER FOR PAI	RTISAN	FFICE	
Condidate's name;	Street, fire, or rural route number, box number (if rural route); and name of street or road				
Bill Tucker	12520 MacAlister Way	☐ Village ☑ City			
ome of municipality for	State	zip code	Type of	Election date	Name of Party or Statemen
o <u>lline</u> purposes ew Berlin	WI	53151	election	November 2,	Principle (5 words or less)
			x general	2010	Independent
ongress	District or Jurisdiction  District number1st	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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candidate represent listed above. I am any other candidate	request that the candidate, whose nating the party or statement of principeligible to vote in the jurisdiction or efor the same office at this election.	ole indicated above, so that voters district in which the candidate na	will have the o med above see	pportunity to vote for the sign of fice. I have not si	☐ him or ☐ her for the of gned the nomination pape
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2.	5	4000 Wilac	————— C	Town Village Decity New B	erlin 6/1/10
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lany	aluner	Muslingo WI	1/1/1	1 City A Usake	90 11910
4. Dora	chy Sells	New Bern 9	<del>5/4  </del> 0	D Village A S	erla 4/191
5. Bas	Mallow	13798 W Thomas New Berlin WI		Town Village City (Lew Bu	1 lin 6/19/
6. Par	2 hand h	0840 Sterge Stu	0	Town	6/19/
7 -0	3	31355. Phenock	real(1)	Town	11/1
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10.		1988 W ARROW, WEW BERLIN, 4	(KCAN)	Town Village	- BILL C/19/
		CERTIFICATION OF CIRCU		y MEWD	BR. T. T.
<del>-</del>	LIAM TITUCKER	(Name of circulator)	2 74	, ce	rtify:
personally circulated or district the candidate name. I know their res	Circulate  (Circulate this nomination paper and personal) e seeks to represent. I know that ea spective residences given. I intend to	r's residence - Include number, street y obtained each of the signatures o ch person signed the paper with fu	, and municipality on this paper. I	know that the signers a	indicated opposité his or l
4/19	/2010	·		L/ceel	
(Dale) GAB-168 (Rev. 09/2009) This form is prescribed by	The information on this form is required by Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Flo P.O. Box 7984			(Signature of circu	·
	Madison, WI 53707-7984 608 266-6 http://qab.wi.gov Email: qab@wi.gov				1110

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	Nominat	TON PAPER FOR PAI	RTISAN	Office		$\overline{}$
Condidate's name; Bill Tucker	Street, fire, or rural route number; bor number (if roral route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> f purposes  Town Village  City				
Name of numicipality for mailing purposes  New Berlin	State WI	zip code 53151	Type decision	November 2, 2010		arty or Statement o words or less) dent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st	·			
candidate represer listed above. I an	, request that the candidate, whose representing the party or statement of principalities in the jurisdiction of the for the same office at this election.	iple indicated above, so that voters or district in which the candidate na	will have the	opportunity to vote for t	in him or in	her for the offic
Т	HE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN F THE MUNICIPALITY OF RESIDENCE			SUFFICIENT.	
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo		MUNICIPALITY OF RE Indicate Town, Villag		DATE OF SIGNING
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3 Allen	w Howatt	41908 Regal?	Marco Or	Otily Mus Ba	lii	4,96
4		3342 S. 9CON PAGE	ac es	□ Town	التركيم	

6.19:10 ☐ City 78th St □ Town 5. □ Village 6-19-10 □ City □ Town 6. ☐ Village ☐ City 6-19-10 BERUN □ Town NEW BEFLIN 6-1910 bag □ Village C) City □ Town O Village new Ber Lin 6-19-10 City City □ Town xukle O Villagi 11 ☐ Town 11 ☐ Villag ☑ City /) الأويياحه /1 CERTIFICATION OF CIRCULATOR certify: (Name of circulator) 125 20 MACALISTER WAY, NEW BERLIN (Circulator's residence - Include number, street, and municipality.) I reside at \_ I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this cartification is punishable under §12.13(3)(a), Wis. Stats. Leale

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Slats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

Page No. 70

		ON PAPER FOR PAI	RTISAN.(	<b>JFFICE</b>	1	(_
ndidate's name: Il Tucker	Street, fire, or rural route number; box number (il' rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City				
nic of immicipality for iling purposes ew Berlin	State	zip code	Type of election	f Election date  November 2,	Principle (5 v	
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2. EILEE	WFERRON	7706 W. HIGH ST		U Town U Village FRANK	U.D	6-16
3. MAV	CK Jensen	138-25 MUE		O Town Kush	WI	6-16
4. Alonh	anie leason	0351 S. Hummingt Dak Creek.	ird Lh.	O Town O Village Oak C	reek	6-16
5.	Talback !	Pranksville	<u>V</u>	o Town Work was a city	KSVM	6/1
6.5 HER	24 DOBSON	Sboo w RIDGE DEN BEAUN	po	Drown Ew Scily BERY	<u>ا</u>	6/17/
7. Mu	1 mulanger	How gue	more	O Village New B	uh	4/17
8. Two	- Love	0800 Dea H	ent.	UVIllage	~ h .	4/171.
9. //	ie Sellak	1 130 S. 11d	h.St.	O Town O Village O Cily	HMIS	1/11/0
10.	m Brendel	2480 CHAUS	PERCT	O Town O Village O City	418/d	6/17/
i, wi	LLAM TITUCKE	CERTIFICATION OF CIRC	ULATOR		certify:	
I reside at	(Circula ed this nomination paper and persona	lor's residence - Include number, stre	on this paper	ality.)  I know that the signers	are electors le indicated op	of the jurisdict
name. I know their wis. Stats.	ate seeks to represent. I know that e respective residences given. I intend	to support this candidate. I am a	ware that falsi	lying this certification is p	ounishable un	ger §12.13(3)
				(Signature of c	irmulator)	

This form is prescribed by:

information on this form is required by 39.4. Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

·	1 :	ION PAPER FOR PAI	RTISAN O	FFICE	
Condidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way				
Name of municipality for mailing purposes  New Berlin	State WI	zip code·	Type of election	Election date  November 2,	Name of Party or Statement of Principle (5 words or less)
			x general	2010	Independent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>		·	
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	THE NAME OF 1	THE MUNICIPALITY OF RESIDENCE N	MUST ALWAYS BE	LISTED.	
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Den	I Jane 9	75115. BAN		Town Village Far Ho	in 6/19/10
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10. Marc	, Aday al	120 W SOG7f(11		illage	REEK 6/19/0
[, <i>WILL</i>	LIAN TITLKER	CERTIFICATION OF CIRCUL	LATOR	, cei	rtify:
I reside at	520 MAEALISTE	•	SCR2	4 N	
or district the candidate	this nomination paper and personally the seeks to represent. I know that eac spective residences given. I intend to	obtained each of the signatures or	on this paper. I kn	now that the signers ar	indicated apparite his or her
(Date)		-		(Signature of circu	ulator)
, ,	212 East Washington Avenue, 3 <sup>rd</sup> Floo P.O. Box 7984	Dr.		Page No	o. 61
	Madison, WI 53707-7984 608 266-80 http://gab.wi.gov Email: gab@wi.gov	J05			

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Name of municipality for mailing purposes  New Berlin	State	zip code·	Type of election	November 2,		irty or Statement of words or less)
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3. Holli	A Farke	NEW BEXTIN WY. 3201 T. GOLLMER	53151 Rd	O Village Scity New Barl Town	in	6/19/10
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yanel	Richter	CERTIFICATION OF CIRCU	er,	city / / COVOL	ertify:	
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GAB-168 (Rev. 09/2009 This form Is prescribed I	212 East Washington Avenue, 3 <sup>rd</sup> i P.O. Box 7984 Madison, WI 53707-7984 608 26	Floor 6-8005		Page N	No. 64	
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Page No. 64

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andidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way					
aute of municipality for alling purposes	State	zip code	Type of cleation	Election date	Name of Party	
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Tı	HE MUNICIPÁLITY USED FOR MAILING F THE NAME OF	PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE			SUFFICIENT.	
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6.	Reel	New Berly	314a 1	own fillage ity Mus Bal	'm'	4/19
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I, WILL	1AM T. TUCKOR	(Name of circulator)		, ce	ertify:	
or district the candida		or's residence -Include number, street y obtained each of the signatures o ch person slaned the paper with fu	, and municipality. on this paper. I kn oll knowledge of it	ow that the signers a s content on the date	indicated oppo-	site his or he
(Date)	1			(Signature of circ	ulator)	
GAB-168 (Rev. 09/2009) This form Is prescribed b	The information on this form is required by: Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Flo P.O. Box 7984	por		Page N	0.66	
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Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes  Town  Village  City			
Name of municipality for	State	zip code	Type of	Election date	Name of Party or Statement Principle (5 words or less)
n <u>ailine</u> purposes New Berlin	WI	53151	clection x general	November 2, 2010	Independent
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2. Su Od	y Bolten	New Berlin & W. 4670 S. Sleanty A	20/3/5/	Town Naw BE	
3. Alas	1 Belto	1620 9 Hearth &	dge	Town New K	Sentin 6/19/10
4. Ann	dHansen	M. Weden 41 5		Town Milwaul	cu \$19/18
5. Don	ald Felske	NEW BERLIN	K///	O Town O Village N LUR City	ERlin 6/19/
Manie	the Sliwinshi	13374 W.Me	unwa	Town July City	redin 6/19/
ANNE	GRACE O	SGLOW No.	160	O Town O Village O City O City	BEE UN 6/19/18
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, ——————	UILLIAM TITUCK	CERTIFICATION OF CIRC	ULATOR		certify:
I personally circulat or district the candi name. I know their	2520 MACHLISTER	ator's residence - Include number, streadly obtained each of the signature:	s on this paper.	I know that the signers	s are electors of the jurisdic te indicated opposite his or punishable under §12.13(3
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(Da GAB-168 (Rev. 09/200 This form is prescribed	<ul> <li>D9) The information on this form is required by:         <ul> <li>Government Accountability Board 212 East Washington Avenue, 3<sup>16</sup></li> </ul> </li> </ul>			(Signature of c	No. 68
	P.O. Box 7984 Madison, WI 53707-7984 608 26 <u>http://gab.wi.gov</u> Email: gab@wi.	6-8005 gov		l l	TUS

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10. <b>Ma</b>	~	1	ive To	Town Divillage I City ( Cdg)	(y) (e/21/10)
I, WILL	LIAM TITUCKE	CERTIFICATION OF CIR	CULATOR		tify:

(Name of circulator) (Circulator's residence - Include number, street, and municipality.) I reside at 12530 MACALISTER

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date Indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that (alsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

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	12320 Machinici Way	1		1	
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e of affice	District or Jurisdiction	Name of jurisdiction or district			
ngress	☑ District numberlst ☐ Jugisdiction (county)	in which candidate seeks office Wisconsin 1st	<u> </u>		·
		Wisconsin 1 <sup>st</sup>			
			<u> </u>	L	<u></u>
I, the undersigned	-	se name and address are listed above,	he placed on the	hallot at the election	docuribad about or o
candidate represer	ting the party or statement of pr	inciple indicated above, so that voter	s will have the or	portunity to vote for	ucsumen above as a [] him or [] her for the o
listed above. Lam	eligible to vote in the jurisdiction	on or district in which the candidate n	amed above seek	s office. I have not si	gned the nomination par
any other candidat	e for the same office at this elect	ion.			. ,
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SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL	ROUTE	MUNICIPALITY OF RE	SIDENCE DATE OF
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" Jum	D03401			Village ,	lin 6/21/
	Boswert WLEE	Franklin WI		City Franki	11/1
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WILL.	AM TITUCKER	CERTIFICATION OF CIRCU	JLATOR		: £
WILLI	77700	(Name of circulator)		, ce	rtify:
reside at	520 MACALIST	ER WAY NEW ulalor's residence - Include number, stree	BEKL		
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personally circulated	this nomination paper and perso	nally obtained each of the signatures	on this paper. I k	now that the signers a	re electors of the jurisdict
ame. I know their re	e seeks to represent. I know tha spective residences given. I inte	t each person signed the paper with fi nd to support this candidate. I am aw	un knowledge of it age that falsifving	s content on the date this certification is not	indicated opposite his or t hishable under \$12,13/31/
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6	4/2010			My con	La
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(Date) (AB-168 (Rev. 09/2009)	<ul> <li>Government Accountability Board</li> <li>212 East Washington Avenue, 3</li> </ul>	1			·
(Dale)	<ul> <li>Government Accountability Board</li> </ul>	d Floor		Page N	·

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This lorm is prescribed by:

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor

P.O. Box 7984

Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

raele (Signature of circulator)

<u> </u>	NOMINA	ATION PAPER FOR P	ARTISAN.	OFFICE	
Candidate's nume; Bill Tucker	Street, fire, or rural route number; unumber (if rural route); and nam street or road  12520 MacAlister Way	box Name of municipality for votin			
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any other candidat	te for the same office at this election  HE MUNICIPALITY USED FOR MAILIN	a or district in which the candidate	named above se	eks office. I have not si	gned the nomination p
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6/21/2010

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
http://qab.wi.qov Email: gab@wi.gov

(Signature of circulator)

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Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
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This form is prescribed by:	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Flor P.O. Box 7984 Madison, WI 53707-7984 608 266-8	por 8005		Page No	, 92

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Candidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for yoting	CHSAIN	Į.		
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GAB-168 (Rev. 09/2009) The informalion on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.
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P.O. Box 7984
Madison, WI 53707-7984 508 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov

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Condidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or read  12520 MacAlister Way	Name of municipality for voting			
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I reside at	this nomination paper and personally	's residence - Include number, street, obtained each of the signatures of	n this namer I	know that the signors as	re electors of the jurisdictiv
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Candidate's name:  Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes    Town   Village   City			
Name of municipality for mailing purposes  New Berlin	State WI	zip code	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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W31154635 Cheropeo pags

CERTIFICATION OF CIRCULATOR

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper-with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that (alsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Name of circulator)

(Circulator's residence Include number, street, and municipality.)

10.

I reside at

28/2020

P.O. Box 7984

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor

Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Date)

This form is prescribed by:

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Page No. 1/3

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Condidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural soute); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
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(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)

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Page No. 105

·	Nominati	ON PAPER FOR PA	RTISAN <sub>2</sub> O	FFICE	
Candidate's name; Bill Tucker	Street, fire, or rural route number; bux number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting purposes  ☐ Town ☐ Village ☑ City			
Name of municipality for mailing purposes  New Berlin	State WI	zip code 53151	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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V CERTIFICATION OF CIRCULATOR		
1, WILLIAM T. TUCKER	, certify:	
(Name of circulator)	; cerary.	
I reside at 12526 MACALISTER WAY NEW BERLIN		
(Circulator's residence - Include number, street, and municipality.)		
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personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying his certification is punishable under §12.13(3)(a).

Wis. Stats.

(Date)

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Page No. // O

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(Signature of circulator)

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Condidate's name: Bill Tucker	Street, five, or rural route number; be number (if rural route); and name estreet or road  12520 MacAlister Way	Name of municipality for voting			
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I reside at 125	20 MACAUSTE,	R WAY NEW or's residence - Include number, street, a	BERLI N and municipality.)	/	·
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(Date) GAB-168 (Rev. 09/2009) This form is prescribed by:	The information on this form is required by Government Accountability Board	- §§. 8.15, 8.20, 8.50, Wis. Stats.		(Signature of circula	lator)
The same probabilities by.	212 East Washington Avenue, 3 <sup>rd</sup> Floo P.O. Box 7984 Madison, WI 53707-7984 608 266-81 http://gab.wi.gov_Email: gab@wi.gov	005	·	Page No	, 99

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<u>.</u>	Nominat	ION PAPER FOR PA	RTISAN.	OFFICE	
Candidate's name: Bill Tucker	Street, fire, or rural route number: box number (if roral route); and name of street or road  12520 MacAlister Way	Name of municipality for voting			
Name of inunicipality for mailing purposes New Berlin	State	zip code	Typé delection	of Election date  November 2,	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  ☑ District numberlst ☐igpisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>	3	2010	spendeite
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O City Town Uillage □ city Y Town ☐ Village Cily □ Town Village □ City uchaloke Town
Uillag Town C City CERTIFICATION OF CIRCULATOR certify: (Circulator's residence - Include number, street, and municipality.) I reside at I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am award that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats. weles

(Dale)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>16</sup> Floor

P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov

(Signature of circulator)

Page No. 1/7

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·	Nominati	ON PAPER FOR PAI	RTISAN <sub>2</sub> C	FFICE	
Candidate's name: . Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City			
Name of numicipality for mailing purposes  New Berlin	State WI	zip code 53151	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
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(Date) GAB-168 (Rev. 09/2009) This form Is prescribed by:	The information on this form is required by §§ Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8008 http://gab.wi.gov Email: gab@wi.gov			(Signature of circula	

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Name of municipality for mailing purposes New Berlin	State WI	zip code:	Type of election	November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
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	• ,
CERTIFICATION OF CIRCULATOR	<del></del>
1, WILLIAM TO TUCKER , certify:	
(Name of circulator)	
Treside at 125 20 MARALISTER WAY, NEW BERLIN	
(Circulator's residence - Include number, street, and municipality.)	
I personally circulated this nomination paper and personally obtained each of the signatures on this agent. I have been all the signatures on this agent.	

r personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate-seeks be represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her wis. I know their respective residences given. I intend to support this candidate. I am awate that falsifying this certification is punishable under §12.13(3)(a).

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Government Accountability Board
212 East Washington Avenue, 3<sup>16</sup> Floor

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

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Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes    Town   Village			
	12520 MacAlister Way	⊠ City			
Name of municipality for mailing purposes  New Berlin	State	хір code <sup>.</sup>	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
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mame. I know their res Wis. Stats.	spective residences given. I intend to s	upport this candidate. I am awa	re that (alsifying (	his certification is pun	ilshable under §12.13(3)(a).
	The information on this form is required by §§	§. 8.15, 8.20, 8.50, Wis. Stats.		(Signature of circu	lator)
This form is prescribed by:		•		Page No	o. 49

	Nomina	ATION	Paper for Pa	RTISAN	ranO.	CF.		
Candidate's name: Bill Tucker	Street, fire, or rural route number; number (if rural route); and nam street or road  12520 MacAlister Way	box N	ame of municipality for <u>voting</u> opeses Town Village		·	C12		
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(Dale) GAB-168 (Rev. 09/2009) T	The Information on this form is required	l by §§. 8.15.	- 8.20, 8.50, Wis. Stats		(5	Signature of circula	alor)	
This form Is prescribed by:	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> F P.O. Box 7984 Madison, WI 53707-7984 608 266 http://gab.wi.gov_Email:_gab@wi.g	Floor 6-8005				Page No	.53	

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	Nominat	TON PAPER FOR PA	RTISANO	FFICE	
Candidate's name; Bill Tucker	Street, fire, or rural route number; but mumber (if rural route); and name of street or road  12520 MacAlister Way	X Name of municipality for various			
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(Date)

GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by: Government Accountability Board

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov (Signature of circulator)

as

☐ Town ☐ Village ☑ City

Page No. 52

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6/19/10

·	NOMIN	ATION P	APER FOR PA	<u>RTISAN</u>	OFFICE	C		
andidate's name;	Street, fire, or rural route number (if rural route); and na		e of municipality for <u>votine</u>		-			
ill Tucker	street or road	b'	Town					
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ertification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

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P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
http://qab.wi.gov Email: gab@wi.gov

(Signature of circulator)

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New Berlin	WI	53151	« general	November 2, 2010	Independent	
Title of office Congress	District or Jurisdiction  District number 1st	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>				
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	- TUCKER	CERTIFICATION OF CIRCUL  (Name of circulator)	ATOR	, cert	ify:	
I reside at  I personally circulated to or district the candidate name. I know their resp. Wis. Stats.		's residence. Include number, street, a obtained each of the signatures on	this paper. I kno	w that the signers are	electors of the judicated opposite the shable under §12.	risdiction nis or her .13(3)(a),
(Date) GAB-168 (Rev. 09/2009) T. This form is prescribed by:	he information on this form is required by § Government Accountability Board			(Signature of circula	ilor)	
·	212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-80 http://gab.wi.gov Emeil: geb@wi.gov			Page No.	. 67	
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Candidate's name;	NOMIN.  Street, fire, or rural route number.	ATION PAPER FOR PA	RTISAN.C	FFICE	<del></del>
Bill Tucker	number (if rural rome); and nam street or road	ie of purposes    Town   Village			
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(Dale) (AB-168 (Rev. 09/2009)	The information on this form is require	ed by §§. 8.15, 8.20, 8.50. Wis Stats		(Signature of circu	ılator)
his form is prescribed by	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> P.O. Box 7984 Madison, WI 53707-7984 608 2	f Floor 66-8005		Page No	0.65
	http://gab.wi.gov Email: gab@wi	.gov		~ · ·	111

	Nominat	TON PAPER FOR PAI	DTICAN.	JEETCE		
Candidate's name;	Street, fire, or niral route number; box		KITSVIA	) Armor	Τ	-
Bill Tucker	number (if rural route); and name of street or road					
BIII TUCKET	19590 Man All-ton Illan	☐ Village ☑ City				
	12520 MacAlister Way					
Name of municipality for nailing purposes	State	xip code	Type of	Election date		rty or Statement
New Berlin	WI	53151	election	November 2,	Principle (5	words or less)
			« general	2010	Independ	lent
ide of affice Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>		·		
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listed above. I am any other candidate	, request that the candidate, whose na nting the party or statement of princip teligible to vote in the jurisdiction or the for the same office at this election.  HE MUNICIPALITY USED FOR MAILING P	ple indicated above, so that voters district in which the candidate na	will have the o	opportunity to vote for ks office. I have not si	□ him or □ h gacd the nom	Casa than a CG.
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This form Is prescribed by:	<ul> <li>Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984</li> </ul>			Page No	). 75	
	Madison, WI 53707-7984 608 266-80 http://gab.wi.gov Email: gab@wi.gov	105				

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	Nomina	TION PAPER FOR PA	RTISAN.O	FFICF	
Candidate's nome: Bill Tucker	Street, fire, or rural route number; I number (if rural route); and name street or road  12520 MacAlister Way	box Name of municipality for voting		FFICE	
None of municipality for mailing purposes  New Berlin	State WI	zip code·	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			· · · · · · · · · · · · · · · · · · ·
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	ALL TITUSKER	CERTIFICATION OF CIRCUL. (Name of circulator)	ATOR	, cert	ify:
I personally circulated the	his nomination paper and personal	or's residence - Include number, street, a ly obtained each of the signatures on ich person signed the paper with full to support this candidate. I am award	this paper. I kno	w that the signers are onten) on the date in is certification is punk	electors of the jurisdiction dicated opposite his or her shable under §12.13(3)(a).
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Condidate's name: Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting purposes  Town Village City			
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i, wi	WIAM T. TUCKER	ERTIFICATION OF CIRCUL. (Name of circulator)	ATOR	, cer	tify:
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Candidate's name:	Street, fire, or rural route number, b	ox Name of municipality for <u>voting</u>	]	T	Ţ <del> </del>
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one of municipality for	State	zip code	Type of	Election date	Name of Party or Statement
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ile of office Ongress	District or Jurisdiction  District number 1st	Name of jurisdiction or district in which candidate seeks office			
Jigi Coo	Just diction (county)	Wisconsin 1 <sup>st</sup>			•
I, the undersigned,	request that the candidate; whose	name and address are listed above, I	e placed on the l	pallot at the election d	lescribed above as a
Candidate represent	iting the party or statement of princ	ciple indicated above, so that voters	will have the op	portunity to vote for C	I him or 🛘 her for the offi
any other candidat	engible to vote in the jurisdiction e for the same office at this election	or district in which the candidate na	med above seeks	omce. I have not sig	gned the nomination paper
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mailing purposes New Berlin		·	election	Election date	Name of Party or Principle (5 words	
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any other candidate	e for the same office at this election.					
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		ERTIFICATION OF CIRCUL	ATOR			
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I reside at/25	20 MACALISTER 1	WAY, NEW BET	RLIN			
I nersonally circulated t	this nomination paper and personally o	htsiped each of the sizestimes	. 16.5			
Wis. Stats.	pective residences given. I intend to s	support triis candidate. Tam awar	e that falsifying th	nis certification is puni	shable under §12.	13(3)(a).
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· · · · · · · · · · · · · · · · · · ·	Nomina	TION PAPER FOR PA	RTISAN:O	FFICE	
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lane of municipality for miling purposes New Berlin	State WI	zip code	Type of election	Election date  November 2, 2010	Name of Party or Statem Principle (5 words or less) Independent
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listed above. I am any other candidate	ting the party or statement of prin eligible to vote in the jurisdiction e for the same office at this election		will have the op med above seek	portunity to vote for t s office. I have not si	☐ him or ☐ her for the ogned the nomination paper.
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(Date) AB-168 (Rev. 09/2009) his form is prescribed by:	The Information on this form is required Government Accountability Board			(Signature of circul	
	212 East Washington Avenue, 3 <sup>rd</sup> F. P.O. Box 7984 Madison, WI 53707-7984 608 266 http://qab.wi.gov Email: gab@wi.go	-8005		Page No	). 62

C PART I	T	TION PAPER FOR PAI	1			
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	12520 MacAlister Way					
lame of immicipality for miling purposes	State	zip code	Type of election	Election date		Party or Stateme 5 words or less)
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itle of office ongress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>				· · · · · · · · · · · · · · · · · · ·
	THE STATE OF THE S		<u> </u>	· <b>L</b> ···········	L	
candidate represen listed above. I am	request that the candidate, whose r ting the party or statement of prine eligible to vote in the jurisdiction of e for the same office at this election	iple indicated above, so that voters or district in which the candidate na	will have the or	portunity to vote for	🗆 him or 🗅	her for the o
Tı	HE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE			SUFFICIENT.	
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RE		DATE OF SIGNING
1. 7		4611 w. 155cH		TOWN GALER-	Fre/J	6/11
Post		6		-Village City		///
2. Bla	* Mille +	16260 W. HEA		Town Village NEW City	BERLIN	6/11
2. Jumi	e Mari	llette W. ffa	Lumy o	Town Village City		6/1/1
4. Wells	lark -	S86 W/9/02 Woods K	<b>───</b> □	Town Village Miler,	<b>(</b> )	9/1/10
Sichy	Kymasa	061 p welle fied	, , , –	Town Village City (1B)		111/20
6. Klyri		6061 Wake field		Town Village etly NB	. •	6/11/10
7. Janes		5062 enfected	204 0	Town Village City		6/11/10
8.40 1		1185 S96Th		IOWN 1DEST		1-6-
- Del	ara.	世		Village All 1.	S	11/16
9.		2185 5 GG+h		Town Williage		1-17
July		134.1		cily All/	5 (	0/11/12
10. W. W	. Alban	Jornane N.	10 0	Town Village NLB City	•	6-11-1
	<del> </del>	CERTIFICATION OF CIRCU	LATOR			<u> </u>
I reside at	LLI AM TITUCKE, 2520 MARAUSTER	(Name of circulator)	eus)	, ce	ertify:	
I personally circulated or district the candidat name. I know their re	(Circula)  this nomination paper and personale seeks to represent. I know that e spective residences given. I inlend	lor's residence - Include number, street Ily obtained each of the signatures o ach person signed the paper with fu	, and municipality on this paper. I b Ill knowledge of i	know that the signers a	indicated op	posité his or l
VVIS. SIdis. 6/11/	2010	•		L'End	Lec	
	The information on this form is required in	by §§. 8.15, 8.20, 8.50, Wis. Stats.		(Signalure of circ	culator)	
This form is prescribed by	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Fi P.O. Box 7984 Madison, WI 53707-7984 608 266			Page N	lo. 14	7

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	Nominat	ION PAPER FOR PAI	RTISAN <sub>2</sub> O	FFICE		
andidate's name: Bill Tucker	Street, fire, or roral route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for yoting				
dame of numicipality for nailing purposes New Berlin	State	zip code:	Type of election	November 2, 2010	Name of Pan Principle (5 w	
itle of office Congress	District or Jurisdiction  District number 1st 1  Jurisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>				
candidate represent listed above. I am any other candidat	request that the candidate, whose noting the party or statement of principle eligible to vote in the jurisdiction of the same office at this election of the MUNICIPALITY USED FOR MAILING THE NAME OF	iple indicated above, so that voters a district in which the candidate nate.	will have the op med above seeks	portunity to vote for a office. I have not si	□ him or □ h igned the nom	er for the offi
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must aso inclyde for	/\	MUNICIPALITY OF RE		DATE OF SIGNING
Fru	de Lachring	3933 Sp. EU	NUn :	Town Willage Word	Min	6-11-
2-Walt	2 Joelet	4/105 KING		Town Village City	Dress	61140
Quint	Levenke	15616 Ridge		Town New Village Clly Berl	in	6-11.1
1 mi	ly hubel	130,5 8617		Town Village USF City USF	Allis	6/1/4
5. 1 M	Roberson	5202 9 Mary		Town Village City New C	selin	6/1/1
6. Jul,	e D'Neill	1290 S. Neg.		Town Village City ICUL	Selfa	6-11-
7. MA	2ry May	1953 W GLENS	0	Town VIIIage City	MO	6-11-1
8. Mass	Adams	627 6. Sheila Elkhorn, WI S	27° 0'	Town Jillage Jilly	m" (	2-11-10
9. Harn	- <del>L</del>	2700 Welsh Ct Wauk, WF, 5319		own Village Cily	Sha	6/1/10
10. Marc	Demier !	W136564965herwood W1158000 53150		Town Village City MUS ko		4/n/10
I, WIL	LIAM T. TUCKE	CERTIFICATION OF CIRCU	LATOR	, ci	J ertify:	
or district the candida	(Circula) I this nomination paper and personal the seeks to represent 1 know that e	lor's residence - Include number, stree lly obtained each of the signatures ach person sloned the paper with fo	on this paper. Tk	now that the signers is content on the date	indicated opp	osite his or he
name. I know their re	espective residences given. I intend	to support this candidate. I am apply	are that leisilying	this certification is pu	inishable unde	# 912.13(3)(a

This form is prescribed by:

ennormation on this form is required by §§. I Government Accountability Board 212 East Washington Avenue, 3'd Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://qab.wi.gov

Page No. 2/

Condidate's name: Bill Tucker	Street, fire, or roral route number; box number (if roral route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>voting</u> purposes ☐ Town ☐ Village ☑ City			
Name of municipality for <u>nailing</u> purposes New Berlin	State WI	zip code 53151	Type of election	November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
fite of office Congress	District or Juristiction  District numberlst Juristiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			414-573- 5464

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. STREET & NUMBER OR RURAL ROUTE DATE OF MUNICIPALITY OF RESIDENCE SIGNATURES OF ELECTORS Indicate Town, Village, or City SIGNING Rural address must also include box or fire no 12680 W. SCARBOROUGH Town Village NEW BERLIN NEW BERLINUI 5315 ☐ Town ☐ Village ☐ Town ☐ Village ☐ City Town Cily NEW BERLIN □ Town □ Village City 6/16/10 ☐ Town ☐ Village ☐ City -16.16 O Town ☐ Village ☐ City ☐ Town ☐ Village ☐ City 53132 FRANKEN 6-16-6

9. Clerk Tomos	3501 w. Thorocks 1	O Town O Village O City  Frank II D	6-16-20
10. Mi shan	250 W River Edgoct	O Town O Village O a K Creek	646-10
1. WILLIAM T. TUCKE	CERTIFICATION OF CIRCULATOR	, certify:	
Treside at 12520 MACALISTE		pality.)	
I personally circulated this nomination paper and perso or district the candidate seeks to represent. I know that name. I know their respective residences given. I into the wis. Stats.	nally obtained each of the signatures on this pape	r. I know that the signers are electors	
		(Signature of circulator)	

(Date) GAB-168 (Rev. 09/2600) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. Government Accountability Board 212 East Washington Avenue, 3<sup>16</sup> Floor This form is prescribed by:

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

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	Nominat	TION PAPER FOR PA	RTISAN:	OFFICE		-4
Condidate's name: Bill Tucker	Street, fire, or rural route number; but mumber, (if rural route); and name of street or road  12520 MacAlister Way					
Name of inunicipality for	State	zip code:	1	of Election date		arty or Stateme
<u>miling</u> purposes New Berlin	wı	53151	election	November 2,	Principle (5	words or less)
	,,,,		« genera	2010	Independ	dent
itle of office Congress	District or Jurisdiction  District number 1st 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
candidate represer listed above. I am	request that the candidate, whose rating the party or statement of prine eligible to vote in the jurisdiction of the for the same office at this election	iple indicated above, so that voters or district in which the candidate na	will have the	opportunity to vote for	☐ him or ☐ 1	her for the o
Tı	HE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE			SUFFICIENT.	
sign	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo		MUNICIPALITY OF RE Indicate Town, Villag		DATE OF SIGNING
1.Chris	tina Dorsey	10212 W. OKlaha	mg	O Cily Alli	5	6/14/
2. PATRIC	IN D. RADYKE	114/2 W. NATI	ONAL	O Town U 551	is w	714/10
3. DAREA	RA AUBACKI	<del>2739 5.535</del>	†	O Village MILC	)	6/15/
4. Trans	. Stockhause.	36018014	752	O Town O Village O City Re	Oia	6/15/
5. Talvicia	Sanfelipis	3445 So.129	, de	O Town New O Village Delle Belle	,	6/15/10
6. Pears	Lieuk	9640 W. Lines	h	O Town O Village O City	ALLIS	6/15/1
7.NJ	hogen ?	3550 5 Stone gate	- Cin	O Town O Village O City New Rel	، کہ	6/15/
8. Sont	Sader	7500 WMONTANA	· .	□ Town □ Village  □ Village □ VE S S	ERLIJU	6/151
5. Mm	ythin !	36015147		Down Village O City Ou Du	In.	p-15-
10.	house	Hos Digeral	1	O Town O Village O City	12	3/1/
I, WILL	AM T, TUCKER	CERTIFICATION OF CIRCU	LATOR .	~ (	ertify:	K.
I reside at /25		(Name of circulator)  WAY NETA BET  lor's residence - Include number, street	el, d			
or district the candida	I this nomination paper and persona te seeks to represent. I know that e espective residences given. I intend	lly obtained each of the signatures of	on this paper. Ill knowledge	I know that the signers a	Indicated onr	osité his or l
	~ /20/8			Stack	<u>'</u>	
(Date) GAB-168 (Rev. 09/2009) This form is prescribed b	The information on this form is required in			(Signature of circ	lo. 3 6	
	P.O. Box 7984  Madison, WI 53707-7984 608 266  http://qab.wi.goy Email: gab@wi.go	-8005		1 490 1	5. <u>3</u> <del>2</del>	

	Nominat	ION PAPER FOR PAI	RTISAN	Office	<del></del>	- 4
ondidate's name:	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting				
ome of inunicipality for	State	zip code	Type election	of Election date		arty or Statement words or less)
ew Berlin	WI	53151	x general	November 2, 2010	Independ	dent
te of affice Ongress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>				
candidate represer listed above. I an any other candida	request that the candidate, whose nating the party or statement of principalities to vote in the jurisdiction of the for the same office at this election.	ple indicated above, so that voters r district in which the candidate na	will have the med above se	opportunity to vote for seks office. I have not s	□ him or □ igned the non	her for the off
Т	HE MUNICIPALITY USED FOR MAILING I THE NAME OF	PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE I			SUFFICIENT,	
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RE Indicate Town, Villa		DATE OF SIGNING
1. Bryan (Bryan	in c. Ferguson	1159 Burr Oak B (#B Apt.)	oulevard	Town Village City Waukesh	ia.	6-15-
2. Sharo	n Leignson 1	159 BULLOAK	BLVD	Ditown Divillage Brity WAUKe	Sha	6-15
3. Hund	Skurt :	552W75051 SM WAU165hH, W1.53	972 ct 3187	O City Was Las	5 h.4	6-15/i
4. Vern	Carolton.	1927 WATE	PWA	O Town O Village NJEW J	BERLIN	[-15
5. Beve	my Padeker	42 ft Water W.	n,	□ Town □ Village Macc No. □ City	elis	6-151
6.	Jallai 2	935 North 11 11		O Town O Village Wa www O City	utosA	6-15/
7. Lind	q. D. Richt	1976 S. 130I	45%	□ Town □ Village \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Berlin	6-15-
8. Marle	ne Mitemin 1	146/5 W. CLEN	7 34 400	DTown D Village D Gity NEW 13-0	-/-LID	6-15-1
		3601 8. 1472		O Town O Village NEUL 6	EXLIN	675-
9. gari	ce The phy	ne colen	<i>y</i>	Cily To Cily	, ,	_

I reside at 12520 HAEALISTER WAY, NEW BERLIN (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. Tknow that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I armaware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats.

(Date)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor This form is prescribed by:

P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

*	Manager				
	[	ATION PAPER FOR I		FFICE	
andidate's name: Bill Tucker	Street, fire, or rural route number number (if rural route); and nan street or road  12520 MacAlister Way		ing .		
one of inunicipality for	State	zip code	Type of election	Election date	Name of Party or Statemen
ew Berlin	WI	. 53151	x general	November 2, 2010	Principle (5 words or less) Independent
le of affice ongress	District or Jurisdiction  District number lst  Jurisdiction (county)	Name of jurisdiction or distr in which candidate seeks offi Wisconsin	ct ce st		
any other candidat	e for the same office at this elect	inciple indicated above, so that von on or district in which the candida tion. NG PURPOSES, WHEN DIFFERENT TO THE MUNICIPALITY OF RESIDEN	e named above seek  HAN MUNICIPALITY O	s office. I have not si	gned the nomination pape
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RU Rural address must also includ	RAL ROUTE	MUNICIPALITY OF RE	
1.	W	Franklin, w	illedie &	Sown Village Fran	Kin 4/2
2.				•	
Daa	aulan	cree fuel in		Town Village ( ) LO . (	rub 6 he
3. Rin	Minh	12120 W Carp Greenful w 4995 Steeple Greenfale, W	Dr. 0	Town Village	rub 6/22,
Daa	Much re Calma	12120 W Carp Greenful w 4995 Steeple Greenfale, W 69435 Timb	Dr. (5 53129 )	Town Village City  Town City  Town City  Town City  Town	We, 212
Dan	Much Le Calma Le St. V	12120 W Carp Greenfalls, W 69435 Timb Eranley 842 So 712 Full: (	Dr. (15 53129 0) (16 53/32)	Town Village City  Town Village City  Town Village City  Town Village Town Village Town Village Town Village	ale 6/22/
3. Rini	Much Le Calma Left	Franklin (	Dr. (5 53/24 6) (5	Town Village City  Town Village	ale 6/22/ 2) 6/22
3. Rini 4. Delete 5. Algue 6.	Much Le Calma Le Calma	Fulli. (	Dr. 01 53 124 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Town Village Green de City  Town Village Green de City  Town Village Green de City  Town Village FLA A  Town City  Town C	ale 6/22/ 2) 6/22/ 1/21/
3. Rini 4. Delele 5. Algue 6. Dan	knewalds	Franklin (1 966 5 75) Franklin In 588 Melberry	Dr. 00 15 53124 00 15 53124 00 15 53124 00 15 15 15 15 15 15 15 15 15 15 15 15 15	Town Village Grean de City  Town Village Grean de City  Town Village Grean de City  Town Village Millage City  Town Village FLA A  Town Village FL	ale 6/22/ 16/22/ 16/22/ 20le 6/22/
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reside at 12520 MARAUSTER WAY, NEW BERCH (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a).

Wis. Stats.

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GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by: Government Acc

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI, 53707-7984, 608, 266-800

Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wl.gov (Signature of circulator)

Page No. 82

, certify:

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						-10
	Nomina	TION PAPER FOR PAI	RTISAN	OFFICE	· · · · · · · · · · · · · · · · · · ·	<del>- ( *</del>
Condidate's name: Bill Tucker	Street, fire, or rutal route number: t number (if rural route); and name street or road					
•	12520 MacAlister Way					
Name of immicipality for nailing purposes	State	zip code	Type c	of Election date		arty or Statement words or less)
Vew Berlin	WI	53151	x general	November 2, 2010	Indepen	dent
itle of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
candidate representisted above. I am any other candidate	ting the party or statement of prineligible to vote in the jurisdiction of for the same office at this election MAILIN	e name and address are listed above, neiple indicated above, so that voters or district in which the candidate nation.  IG PURPOSES, WHEN DIFFERENT THAN OF THE MUNICIPALITY OF RESIDENCE	will have the med above so MUNICIPALIT	opportunity to vote for teeks office. I have not si	□ him or □ igned the no	her for the off mination paper
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo	ROUTE	MUNICIPALITY OF RE		DATE OF SIGNING
1. Kase	n Niessing	9311 W Forest Pa	rkDr	O Village Corn	els	6/24/10
2. CI: FF	Rack	4311 Mayland Ave		U Town Racine City		EVAN 9
3. <u>LEO</u>	N A. NELSON	8545 W. BELO 17 WEST ALLIS WI	53227	ロ Town ロ <del>Village W ドライフ</del> 型 Cily	16615	6/24/28
4.	~ 4 Helon	STAF WY Belo	1229	U Village V C5 + A	His	6-24/4
5. Vinit	a Kapila	Greenfield W	15322	D TOWN TOWN	ield	6.24.1
DIANN	E BouchER		EEST 53132	□ Town □ Village □ Cily <i>FLANK</i>	16	6-24-1
7. Manu	C 1 1	5734 Minch Lm Greendale, WL 5	3129	D Town VI VIllage City City CTESTO	ی	6/24/1
8. Maii	Penego/	8124 S. Lakev Frantin, W	12W	O Town O Village City Fran	KliN	4/24/1
9. Mid	ule Bula-Pode	4675 5. 114th 'ST	-	O Town O Village Greafel	d	6/24/10
10.	Y WILLIAMS	6080 Preston Lin-		O Town O Village Sicily (W Glu W 5)		6/21/16

CERTIFICATION OF CIRCULATOR WILLIAM T. TUCKER <del>, eertify:</del> (Name of circulator) (Circulator's residence Include number, street, and municipality.) 1 reside at \_

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its center) on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying his configuration is punishable under §12.13(3)(a). Wis. Stats.

(Date)

24/2010

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

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Condidate's name:	· ·	TION PAPER FOR PA		FFICE	
.nndidate's name:	Street, fire, or rural route number, number (if rural route); and name			1	
Bill Tucker	street or road	☐ Town			1
	12520 Man Alinton 33/	☐ Village ☑ City			-
	12520 MacAlister Way			]	
nne of immicipality for	State	zip code	Type of	Election date	Name of Party or State
iling purposes ew Berlin	e de la company		election		Principle (5 words or les
SW DOMIN	WI	53151		November 2,	
			x general	2010	Independent
le of office	District or Jurisdiction	Name of jurisdiction or district			<del> </del>
ongress	□ District number1st      □ Jugisdiction (county)	in which candidate seeks office	1		
	101	Wisconsin 1 <sup>st</sup>		•	
				-L	1
I, the undersigned,	request that the candidate, whose	name and address are listed above	, be placed on the	ballot at the election	described above as a
candidate represent	ting the party or statement of prin	ciple indicated above, so that vote	rs will have the or	mortunity to vote for	D him on D how the
any other candidate	engine to vote in the jurisdiction for the same office at this election	or district in which the candidate	named above seek	s office. I have not si	igned the nomination p
Tu	E MUNICIONUES LOS RÁN IN	a Bulbhoone willed bi		<del></del>	
'"	THE NAME (	G PURPOSES, WHEN DIFFERENT TH. DF THE MUNICIPALITY OF RESIDENC	AN MUNICIPALITY ( E MUST ALWAYS B	OF RESIDENCE, IS NOT E LISTED.	SUFFICIENT.
SIGNA	TURES OF ELECTORS		·		<del></del>
J. SIGNA	TORES OF ELECTORS	STREET & NUMBER OR RURA Rural address must also include b	ox or fire no.	MUNICIPALITY OF RE Indicate Town, Villaç	
1. 0	.1	8520 W Edget		Town	Joj of Gity Signif
" Buso	y	Breader WI		Stillogo d	(6/27)
2.0	<u> </u>	1 Till Call II I		0	<u>~ //</u>
2.		6309D. Triking	<del></del> 0	Village 7	lin Liy
1 osema	y Menh	202 212 22	- 2	CITY Frank	lan !
3. /	$\mathscr{E}$ / $\mathscr{E}$	591W/3053		Town Village	- G
K/m (	Deake_	hampiens dr.		city /NUSKE	90 129/
4.	151	5667 Grove TO	<i>.</i>	Town	61
Junek	oh/man	Greenfale	8	Village City Control	la/e /24/1
5		10300 W.Da	Dry Sin	Town Hales	1/
1 Lise	Fassler	Hales Carnew	8	Village	9/24
6	-C - 3,00 ; OV	1	0 /	-77	. (3
1 1/1(1.0	Derifico	<del></del>		Town Haks Village	3 424/1
MICHAEL	. 17 CII CIC	Hales Comers, w		city (orner)	, //
Lit 1,1.	.7.	1878 W. Ohi		Fown <del>∀illage</del> 1	
Pelffuni	e Mumon	god det	0.	cily with.	to e 1/20/
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popular	1 Motor (	13 43	, N.		10th 10/26
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			0(	/illage <i>[ペインン) 〇</i> Cily	1/24/1
10. T A	1//	10219 W Ulha	7	own H/	INGK
1 Jo Ani	1 Neventolal	ivo i ju vi ha		illage TAICS CO	iners plant
	1 11 1011	·		.ny	6/27/
21.11.	14 7 77 11 1	CERTIFICATION OF CIRCU	ULATOR		
WILL		(Name of circulator)		, ce	rtify:
reside at	20 MARALISTE	R WAY, NEW BO	RLN		
		alor's residence - Include number, stree	t, and municipality.		
<b>n</b>		illy obtained each of the signatures	on this name. I k	now that the sinners a	re electors of the jurisdi
eme. I know their res		each person signed the paper with the local support this candidate. I am av			
personally circulated t r district the candidate ame. I know their res vis. Stats.					

(Date)
GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.
This form is prescribed by:
Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<a href="http://gab.wi.gov">http://gab.wi.gov</a> Email: gab@wi.gov

	THE STATE OF THE S		-	·			<u>)                                    </u>
	Nomina	TION PAPER FOR PAI	TISAN.	DERICE			
Candidate's name: Bill Tucker	Street, fire, or rural route number; bumber (if rural route); and name street or road  12520 MacAlister Way	Name of municipality for voting		J. T. C.		<del>1</del>	
Name of municipality for mailing purposes New Berlin	State WI	zip code 53151	Type or election	Election date  November 2, 2010	Name of Par Principle (5 v		t of
Title of office Congress	District or Jurisdiction  ☑ District number1st  ☐ dupisdiction (county)	Name of jurisdiction or district in which condidate seeks office Wisconsin 1 <sup>st</sup>					
listed above. I am	name the party or statement of prince eligible to vote in the jurisdiction a for the same office at this election the municipality used for mailing	name and address are listed above, beciple indicated above, so that voters or district in which the candidate nate.  B PURPOSES, WHEN DIFFERENT THAN IF THE MUNICIPALITY OF RESIDENCE MEDITED THE MUNICIPALITY OF RESIDENCE MEDITED.	will have the coned above see	opportunity to vote for Ceks office. I have not sign	□ him or □ h gned the nomi	e a ce	ice of
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL F Rural address must also include box	ROUTE	MUNICIPALITY OF RES		DATE OF SIGNING	
1. Allu	y-). Utag	6901 BRENU	<del>~~~</del>	Town / /	W AUF	6/3/1	
2. 900	natoan	4109 W. Panc G		Frown Outlinge HUNK 11	Ь	6/23/16	L
3.	Ji de la companya della companya della companya de la companya della companya del	He 23 S 35 HL 5		Tewn Milwood	tree [	123/10	
	Dan I	10130 W Burny	<u>~</u>	Town Juliage Hale Co.	entre 4	/3/10	
E Man	All Cen	2621 H. Michigan 5	<i></i>	Trown Village Milwaut	teella	124/10	1
6. <b>M</b>	MAN	W177 90981 Willwood Dr		Town Village City Must Co		0/24/	(O)
Warfn.	Brank	10321 W. Howa		Town Village City Village	-//	-24-1	0
8. 2	المحمد ا	BS SO M EDGELLLON	Ave 0	Town		54	E

9. Bob Lewitzke 83/6 East Town Willage 
reside at 12520 MACAUSTER WAY, NEW BORKER (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a).

(Date)

GAB-188 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by: Government Accountability Board

Government Accountability Board 212 East Washington Avenue, 3<sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-8005 http://gab.wj.gov\_Email: gab@wi.gov (Signature of circulator)

welle

Page No. 98

08/10

Candidate's name;	1	ON PAPER FOR PA	1 10111110	1 1015	<b>_</b>
Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name of municipality for <u>voting</u> purposes  Cown	·		
	12520 MacAlister Way	│ □ Village │ 図 City			
Name of municipality for mailing purposes	State	zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
New Berlin	WI	53151	x general	November 2, 2010	Independent
Tide of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			

above, so that voters will have the opportunity to vote for  $\square$  him or  $\square$  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of

y other candidate for the same office at this elect	ion.		
THE MUNICIPALITY USED FOR MAILE THE NAME	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	TY OF RESIDENCE, IS NOT SUFFICIENT. IS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1 Db William	6407 W. Allerton	ATOWN Greenweld	6/25
Courtneywitting	Same	¥Town □ Village □ City	
Monal Bunhish.	W125 575 30 STANTFIA	Stown MUSKEGD  Village City	6/25
1. Cm 2 Im	5260 S 110 st	ortown Hales Corners	6/25/
Thellen	10182 Thomas	O Village Franklin	6/25/
Www z. Melan	366536934	O Town MIL WAY KE	925/19
Colherina Ollenberry	877 V12929 m Shane	O Town In usbeays O City	1/25/10
SuperBur	10146 v. Foresthe	O Town It Ales Cornen Och	62510
Modera now	48075093	□ Town M: I h	175/0
Dane Kelly	1(10) WAffor	O Town Once a find	6/25/
WILLIAM T. TUCKET	CERTIFICATION OF CIRCULATOR (Name of circulator)	, certify:	
leat 12570 MACALIST	(Name of circulator)	d	
	ilator's residence - Mctifde number, street, and municipality obtained each of the cionatures on this page.		

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its contempon the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a).

Wis. Stats.

(Date)

(Date)
GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

Government Accountability Board
212 East Washington Avenue, 3<sup>rd</sup> Floor
P.O. Box 7984
Madlson, WI 53707-7984 608 266-8005
http://gab.wi.gov Email: gab@wi.gov

(Signature of circulator)

• •	Nominat	ION PAPER FOR PAI	RTISAN	OFFICE		<del></del>
Enndidate's nome; Bill Tucker	Street, five, or rural route number; boy number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for voting		.	,	
oue of municipality for ailing purposes lew Berlin	State WI	zip code 53151	Type election x genera	of Election date  November 2, 2010		or Statement words or less)
ile of office ongress	District or Jurisdiction  District number lst Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1st				
candidate represen listed above. I am any other candidate	request that the candidate, whose nating the party or statement of principaligible to vote in the jurisdiction of e for the same office at this election.  HE MUNICIPALITY USED FOR MAILING ITHE NAME OF	ple indicated above, so that voters district in which the candidate na	will have the med above so	e opportunity to vote for eeks office. I have not si	□ him or □ I igned the non	her for the off
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	ROUTE	MUNICIPALITY OF RE		DATE OF SIGNING
1. Ruby	Kolobel	0145-59491 Rys	n ds	Town Usefa	38	6/35/
3.	Kum Rodai	MU9K-40-WL 5	1 1 1/5 3 1 40 (G Vrd)	☐ Town ☐ Village ☐ City ☐ Town ☐ Village	1. Crd	6 kg/a
4. fri	Paltin 1	3758 S 89+h St TÜN 53228		Town Village City M W	angy	le/25/
5. Jane	3.co	SL312 Kurtz 11 AZES COEN	<u> </u>	B Village Hales (	w. w.	6/25/
18ch.		5601 5 106 S		O Town HAIC 3	Corney	4/25/
Stub 8.01		5601 5 106 5			PRNEE	6/24/
9. Church	n funda	531 S (ASAII	E	O Town V/O )	112	6/25
Baren	Kiener	5441 AD. 112 .	St.	O Village NEW D  O City	ERCIN	6/25
Maryo	in Waller	CERTIFICATION OF CIRCUL		Strilage Hales Co	mer	625/10
I,	AM TITUCKER	(Name of circulator)  RWA-Y, NEW r's residence - Include number, street,	•	,	rtify:	
or district the candidati	this nomination paper and personally e seeks to represent. I know that ear spective residences given. I intend to	obtained each of the signatures of	n this paper.	I know that the signers a		::-
(Date) GAB-168 (Rev. 09/2009) This lorm is prescribed by	The information on this form is required by Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Flor P.O. Box 7984			(Signature of circu	ulator) 0. 157	•
	Madison, WI 53707-7984 608 266-8 http://gab.wi.goy Email: gab@wi.gov			07/1	10	 8

	X.Y.					
	1	TION PAPER FOR PA	RTISAN, O	FFICE		
Inndidate's name: Bill Tucker	Street, fire, or rural route number; b number (if rural route); and name street or road	of purposes  O fown				
	12520 MacAlister Way	☐ Village ☑ City				
ance of immicipality for ailing purposes	State	zip code·	Type of election	Election date		Party or Statement 5 words or less)
ew Berlin	WI .	53151	x general	November 2, 2010	Indepen	ıdent
le of affice Ongress	District or Jurisdiction  District on Jurisdiction  Light interpretation (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
candidate represen listed above. I am any other candidate	ting the party or statement of prince eligible to vote in the jurisdiction e for the same office at this election		will have the or med above seek	oportunity to vote for test office. I have not si	□ him or □ gned the not	her for the off mination paper
Th	IE MUNICIPALITY USED FOR MAILING THE NAME O	S PURPOSES, WHEN DIFFERENT THAN OF THE MUNICIPALITY OF RESIDENCE	MUST ALWAYS BI	OF RESIDENCE, IS NOT SELECTED.	SUFFICIENT.	
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	or fire no.	MUNICIPALITY OF RE Indicate Town, Villag		DATE OF SIGNING
1.	Bulo	11415.W.LAY		Town Village GRN FI	d.	125
2. H	hat	12845 LONGE		Town Village City	660	Enfo
Barbara	Schurche	4857 W. Maple La		Town Village City Greenfield	el	6/25/
4Whitu	ng Caelotte	N34 wz3169 artie adga		TOWN PUAN	Ree	6/28/
5.		es4 wt3/04 (will lit		Town Prucke	-)	6/2/1
6. Kare	n Bull	11701 W. WOOd	U	Town Village Frank City	lin	6/25/
Mary	Witkowsk	840/ S. RIVER		Town Village FRAN	KHN	6/25/
8.	Le 1	12/92 NRidge 1	روا 🖳	rown Hzles Cu City	r1K-2	25 Jun 10
9. 8	Hoskins	7871 S. Scepter Writ 6	<u>,</u> \	Town Village Tilly Frank	lin	4/25/16
10.	M. Wassal	3859 Sy. 94 Milwaulue		own Illage Milwo	whee	6/25A
	IAM T. TUCKET	(Name of circulator)		, ce	rtify:	
personally circulated or district the candidate	this nomination paper and personal seeks to represent. I know that e	Record to the control of the signatures of the paper with fully obtained each of the signatures of the paper with fully obtained this candidate. I am away	and municipality. In this paper. I k	pow final he signers at	indicated an	nacita hic ar he
(Date)	12010			(Signature of circu	ılator)	
AB-168 (Rev. 09/2009) his form is prescribed by:	212 East Washington Avenue, 3 <sup>rd</sup> F P.O. Box 7984	laor		Page No	0.108	
	Madison, WI 53707-7984 608 266 http://gab.wi.gov Email: gab@wi.go			<u> </u>	<u>.</u>	

8/110

	Nominati	ON PAPER FOR PAI	OTICANI (	DEFICE		<del></del>
Candidate's name;	Street, fire, or rural route number: box	Name of municipality for voting	CITSWIA	JERICE	Τ	<u> </u>
Bill Tucker	number (if rural route); and name of street or road	purposes  Town Village				
<i>5</i> 111. 2 Hells	12520 MacAlister Way	⊠ City				
Name of municipality for mailing purposes	State	zip code	Type of election	f Election date	Name of Par Principle (5 w	ry or Statement of vords or less)
New Berlin	WI	53151	x general	November 2, 2010	Independ	ent
itle of office Congress	District or Jurisdiction  District number lst Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				-573 664
candidate represen listed above. I am	, request that the candidate, whose nan nting the party or statement of principle eligible to vote in the jurisdiction or of the for the same office at this election.	le indicated above, so that voters	will have the	opportunity to vote for C	□ him or □ h	er for the offic
	HE MUNICIPALITY USED FOR MAILING PU THE NAME OF TH	URPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE N			SUFFICIENT.	
SIGN/	ATURES OF ELECTORS	STREET & NUMBER OR RURAL : Rural address must also include box		MUNICIPALITY OF RES Indicate Town, Villag		DATE OF SIGNING
1. Way	re Kazaci	15055 W SMA		□ Town □ Village ~ City	BERDU	4167
2. Bryan	7)	6723865 Sky/in Am	-	□ Town SeVillage   Veron □ City	5	6-15-10
Carl	(3)	810 W Sur Vouce	<del>/</del>	Town VOWS	Men	6/15/1
alu	in made	3216 W·N-LA		O Town New World	in	6/15/
5. Mak	Brankan	1.112 S.8144 Gdu		□ Town □ Village □ City	υ	6/18/
6.	2'	436 E. Den Da	THE WAY	□ Town □ Village □ City	also)	laria
7. Los	Mie Mar 1	7068 w Kypen	101 ·	□ Town New K □ Village New K □ City	Berlin	6/16/
8. Dewi	~ 250M	FOOS, CLOVER	<u> </u>	O Town O Village O City	Bellin	te/16
9. ARTHO	R GRUBB D	239 30 235	<del>'</del>	O TOWN Wib - W □ Village □ Cily	0/5	6/16
10,	Schrottmu (	2802 1 m:	<u>ra l</u> a	O Town O Village M; Wa	the	6-16-1
1. 4/4		CERTIFICATION OF CIRCU	LATOR	, ce	rtify:	
I reside at/2		(Name of circulator)  WHY WELL ( r's residence - luctude number, street,	Beautiful and municipal	HAY	·	<u>.</u>
or district the candida name. I know their re Wis. Stats.	d this nomination paper and personally ate seeks to represent. I know that eac espective residences given. I intend to	obtained each of the signatures o	on this paper. Jil knowledge o	I know that the signers a	indicated opp	osite his or ne
	6/2000			Single of single		<del></del>
(Date) GAB-168 (Rev. 09/2009) This form is prescribed b	) The information on this form is required by			(Signature of circu	o. 42	
	P.O. Box 7984  Madison, WI 53707-7984 608 266-80  http://qab.wi.gov Email: gab@wi.gov	3005		rage N	0. 42	

	Nominat	ION PAPER FOR PAI	rtisan,C	PFICE	
Condidate's name: Bill Tucker	Street, fire, or rural route number; bux number (if rural route); and name of street or road  12520 MacAlister Way				
Name of municipality for mailing purposes	State	zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
New Berlin	WI	53151	x general	November 2, 2010	Independent
Title of office Congress	District or Jurisdiction  District numberlst  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
candidate represer listed above. I am any other candidat	request that the candidate, whose making the party or statement of principal eligible to vote in the jurisdiction of the for the same office at this election.	ple indicated above, so that voters r district in which the candidate na	will have the commed above see	opportunity to vote for leks office. I have not si	☐ him or ☐ her for the officence the nomination paper
		THE MUNICIPALITY OF RESIDENCE			
SIGN	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include bo		MUNICIPALITY OF RE Indicate Town, Villag	
1. Ear	l Net	4040 5 Wil	there s	Town Village Cily	Janlin 6-15-10
2. Luda	Froetlich.	12175 Willac	R CUP	O Village Free for	et 6-15/10
Bala	Tenedi	2505 5 Calha	266 I	Town EU. (F. Cily	3 m/2 6-15-
4	THE	916 E. Townse	7	Town  Orniage Milwa.  Cily	tee 6/15/1
5. Adm	while	1)8 W. Prvadwey		Town New Be O'Village O'Clty	11/1 E-15-
6. D, L	ouise Steam		<u>-</u> ]\t	Town Village New B	mlin 6-15
7. Richar	De Sten In	14074 los ofform	<del>7                                      </del>	Town Village Mew	Bealin 6 = 15/10 extr 10/10/1
8 Said	6, 0, 5	Dar Avocili	<del>/</del>	Town Village Down	erli (0/10/1
9 Bery	samin Karas	3363 N Ogklan	U / VV C   r	Village II Wall he	e 6-15-
10. Shar	contradina i	Vest allis Wie	mer.	1 Town 1 Village W. Oth 1 Gily	245 6-19
I, <i>W</i>	ILLIAM T. TUCKE	CERTIFICATION OF CIRCU	ILATOR	, co	ertify:
	520 MACALISTEK (Clrcula)	or's residence - Include number, stree			
or dictrict the annelled	d this nomination paper and personal ate seeks to represent. I know that elespective residences given. I intend	ach nerson signed the naper with f	ull knowledge o	t its eonleat on the date	Indicated opposite his of the
	13-/2010			(Signature of circ	culator)
(Date GAB-168 (Rev. 09/2009 This lorm is prescribed l	) The information on this form is required				10. 40
	P.O. 80X 7964 Madison, WI 53707-7984 608 266 <u>http://gab.wi.gov</u> Email: gab@wi.go	:-8005 ov		L	- 1 î î

	Nomina	TION PAPER FOR PAI	RTISAN <sub>2</sub> O	FFICE	······································	······································
Candidate's name; Bill Tucker	Street, fire, or rural route number; be number (if rural route); and name street or road  12520 MacAlister Way					
Name of immicipality for	State	zip code	Type of	Election date	Name of P	arty or Stateme
<u>vailing purposes</u> New Berlin	WI	53151	election	November 2,		words or less)
			« general	2010	Indepen	dent
tle of office Ongress	District or Jurisdiction  District number 1st  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
candidate represen listed above. I am any other candidate	ting the party or statement of prin- eligible to vote in the jurisdiction e for the same office at this election		will have the o	pportunity to vote for to soffice. I have not si	□ him or □ igned the not	her for the o
T <sub>+</sub>		G PURPOSES, WHEN DIFFERENT THAN OF THE MUNICIPALITY OF RESIDENCE I			SUFFICIENT.	
SIGNA	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box		MUNICIPALITY OF RE Indicate Town, Villag		DATE OF SIGNING
1.	201-	704 CAMBRIDGE WANKESHA WIS	· · · · · · · · · · · · · · · · · · ·	Trown Village City Would A	a)	6/5/19
2.		New string , W	~ c	Trown Divillage Were Du	lin) 1.	6/15/10
3. Jenos	Al Al	west allis, who	0,,	Town I Village W W. Osl	s is	6-15-14
A. Jan	Av Sac	1224 S. (SH ST West fleets, WI S	3219	Town Village WEST A		6/15/
9 Nira	Drymitouh	13360 W. RIPKI		Village NEW R	SERLIN	6/15
6. Pat	lelly !	1865 S Somnors		Town Village City New //	Perlin	4/5/1
7.		Milwanders WI	<u> </u>	Town Milwaul Village Milwaul	coe	6/15/
8. Michal	A Prosel	CVDAHY WJ 5311	0	Town Village CUDAYY City		6/15/14
9. 10000	Murgel	3456 storgal		Town Village III Br	WA	1:15
10. Vitu ?	3 Jan	1159 BURR OAK Blva	<i>AM 12</i> 0	Town WAVACS Cily	hA	615.
I, Will	AM T. TUCKER	CERTIFICATION OF CIRCU	LATOR	, ce	rtify:	<u> </u>
or district the candidat	(Circuithis nomination paper and persons e seeks to represent. I know that		on this paper. I i	know that the signers a	indicated on	posite his or
G/15	- box	·		In Justi		
(Dale) (GAB-168 (Rev. 09/2009) This form is prescribed by	The information on this form is required  Government Accountability Board  212 East Washington Avenue, 3 <sup>14</sup> I			(Signature of circle)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
	P.O. Box 7984 Madison, WI 53707-7984 608 26 http://gab.wj.gov Email: geb@wi.g	6-8005		raye IV	رد	

				·		
	Nominati	ION PAPER FOR PA	RTISAN	OFFICE		
Candidate's name: Bill Tucker	Street, fire, or rural route number; box mumber (if rural route); and name of street or road	Name of municipality for voting purposes ☐ Town ☐ Village ☑ City	·	OFFICE		
Name of immicipality for	12520 MacAlister Way	zip code	Tons	£ 61		
mailing purposes New Berlin			Type ( election	of Election date	Name of Party or Sta Principle (5 words or le	
	WI	53151	v general	November 2, 2010	Independent	
Title of office Congress	District or Jurisdiction  District number lst Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>				
listed above. I am	request that the candidate, whose nar ating the party or statement of principl eligible to vote in the jurisdiction or of the for the same office at this election.	le indicated above, so that voters	will have the	announced to the control of	<b>a.</b>	ie offici
Tı	HE MUNICIPALITY USED FOR MAILING PU THE NAME OF TI	JRPOSES, WHEN DIFFERENT THAN HE MUNICIPALITY OF RESIDENCE N	MUNICIPALITY MUST ALWAYS	OF RESIDENCE, IS NOT S	SUFFICIENT.	
Sign	ATURES OF ELECTORS	STREET & NUMBER OR RURAL Rural address must also include box	ROUTE or fire no.	MUNICIPALITY OF REI		
1	Zareli 82	282 HARKRIDGE C	RT-E	D Town  CVillage  City	DALE 6/25	1/0
tha B	Dan is alako	305 WO BELOUS		□ Town □ Village WEVAC	us %	10
3. Mar	4	2/2 552		CI Town  CI Village  City	W- 6/25	6
4.		1212 5 57 <sub>th</sub> 5		O Town O Village Scriy Milvau	kee 6/25,	b
5. Diml	Talon 1	1830W. Belo	1/ 14/	Town  Village  City  City  City	2:101 9/25	
Box N	talavensky	1230 D. Rel	11	Town Village City	Fig V/2	PAY
5cott 2	Brenolemin 82	34 whitak		Town  Village City  City	De 1/25	
Fam	Hart 1	2228 Woak		Trown Divillage Dicity Inank	din 6/2	25/18
	v Shogg	718W. Den		Town I Vales O City Conner	2 6/24	
Kini 10/2	S. Well	333 Swert et		Troum Wind La	4/25	110
i, will	JAM T. TUNKER	ERTIFICATION OF CIRCUL (Name of circulator)		, cer	tify:	
or district the candidate	(Circulator's this nomination paper and personally of e seeks to represent. I know that each expective residences given. I intend to s	person signed the signatures on	this paper.	know that the signers are	e electors of the jurisd dicated opposile his o ishable under §12.13(	iction or her 3)(a),
(Date) GAB-168 (Rev. 09/2009)	The information on this form is required by §§	 §. 8.15, 8.20, 8.50, Wis. Stats		(Signature of ctrcul	ator)	
This form is prescribed by:	Government Accountability Board 212 East Washington Avenue, 3 <sup>rd</sup> Floor P.O. Box 7984 Madison, WI 53707-7984 608 266-800: http://gab.wi.gov Email: gab@wi.gov	(		Page No	.109	

9/10

	NOMINATI	ON PAPER FOR PAI	RTISAN O	FFICE	
Candidate's name; Bill Tucker	Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way	Name of municipality for <u>votine</u> purposes  Grown Crown Critical City			
Name of municipality for mailing purposes New Berlin	State WI	zip code	Type of election	Election date  November 2, 2010	Name of Party or Statement of Principle (5 words or less)  Independent
file of office Congress	District or Jurisdiction  District number 1st  Jurisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
candidate represe listed above. I an	I, request that the candidate, whose nan nting the party or statement of principle n eligible to vote in the jurisdiction or of the for the same office at this election.	e indicated above, so that voters	will have the op	portunity to vote for $\mathfrak t$	him or 🔾 her for the offic

THE MUNICIPALITY USED FOR MAILIN THE NAME	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	TY OF RESIDENCE, IS NOT SUFFICIENT. 'S BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. FENAN	WEZO NS634 Townline	Calvillage Menomine Talls	4.13 ju
2. XIMA CONCEY,	210 Parcave	Stown PLWUUUS City	(e-17-10
in Internal	1795 OUD POKET	Town Brookfield	
4. Jan Whi	715 Georges Ave.	Orillage Brackfield	4/17/0
5. Besty muni	19090W. North Ave	D TOWN & TOOK STELL	Celi Th
Law Wholes	NIOW 236 to	O TOWN WAVE SHA	(0/12
Mr. 0/4/	N9530 Horseshoe Lin Mukwanago	Drown Mukwanago (City WF 53149	6/17/10
Atlant	Muskeyo. WT 53/50	O Town Muskego O city WT	9/1/10
D.M. Ilei	S76W17059 Doer Creek T.	O Town O Village Muskego (	6/17/0
Cats Immas	5589 Municipa/ Square Creendale, WI 53129	© Town SXVillage Creendale	124/10
WILLIAM TITUCK	CERTIFICATION OF CIRCULATOR (Name of circulator)	, certify:	

(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signalures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know-their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a). Wis. Stats

(Date) GAB-168 (Rev. 09/2009) The Information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3<sup>16</sup> Floor

17/20-0

P.O. Box 7984 Madison, Wi 53707-7984 608 266-8005 http://gab.wi.gov

(Signature of circulator)

Street, fire, or rural route number; box number (if rural route); and name of street or road  12520 MacAlister Way  State	ON PAPER FOR PA    Name of municipality for voting purposes   □ Town   □ Village   ☑ City     zip code		,	
State			ļ	
	zip code			
WI		Type of	Election date	Name of Party or Stateme Principle (5 words or less)
	53151	x general	November 2, 2010	Independent
District or Jurisdiction  District numberlst  durisdiction (county)	Name of jurisdiction or district in which candidate seeks office Wisconsin 1 <sup>st</sup>			
quest that the candidate, whose nam g the party or statement of principle gible to vote in the jurisdiction or d or the same office at this election.	istrict in which the candidate na	will have the op med above seek	oportunity to vote for Use office. I have not sign	☐ him or ☐ her for the o gned the nomination pape
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R	ural address must also include box	or fire no.	Indicate Town, Villag	e, or City SIGNING
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a Olson 126	#104	nye Dr	own Bor	1/1 6/11/10
the 1. TUCKER	Jame of circulators		, cert	ify:
nomination paper and personally ob eks to represent. I know that each p live residences given. I intend to su	tained each of the signatures on	his paper. I kn	ow that the signers are content on the date ind his certification is punis	electors of the jurisdiction dicated opposite his or he hable under §12.13(3)(a)
	quest that the candidate; whose name of the party or statement of principle gible to vote in the jurisdiction or dor the same office at this election.  AUNICIPALITY USED FOR MAILING PUTTHE NAME OF THE RES OF ELECTORS  RES OF EL	The superior of the county wisconsin process that the candidate; whose name and address are listed above, is the party or statement of principle indicated above, so that voters gible to vote in the jurisdiction or district in which the candidate name of the same office at this election.  MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE NAME OF THE MUNICIPALITY OF RESIDENCE MESSOF ELECTORS  STREET & NUMBER OR RURAL FRUIT address must also include box No Sylamore  Wisconsin  I A STREET & NUMBER OR RURAL FRUIT address must also include box No Sylamore  Wisconsin  I A STREET & NUMBER OR RURAL FRUIT address must also include box No Sylamore  Wisconsin  I A STREET & NUMBER OR RURAL FRUIT ADDRESS MUST A	Aprilos    Steel   Ste	Apt 101  Apt 105  Apt 101  Apt 105  Apt 101  Apt 105  Apt

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